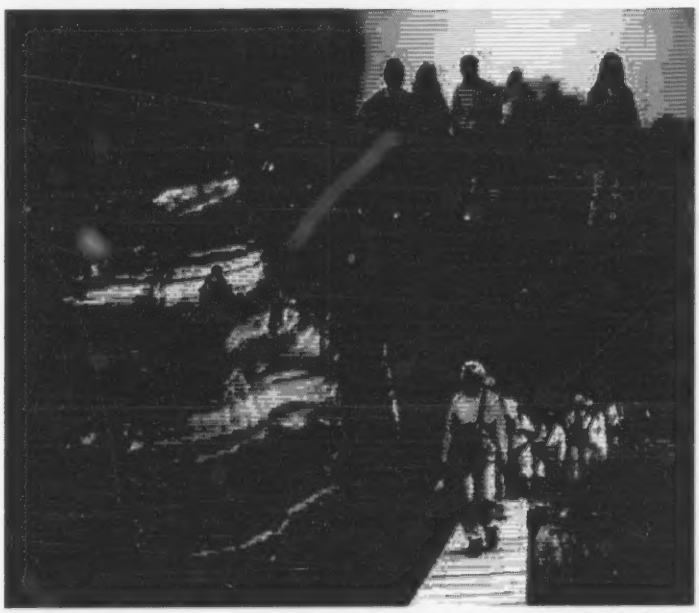
North Eastman Health Association Inc.

# Annual Report 2010-2011

***Best possible health for all!***



# Mission

The North Eastman Health Association strives to promote effective, equitable, accessible, integrated, responsive and cost efficient health programs and services to meet the needs of our population.

# Vision

Working together to empower individuals, families and communities to pursue optimum health through healthy lifestyles.

# Values

Our values define the character of the organization and describe how we treat the people we work with every day. Our guiding principles support our values and provide direction regarding behaviour.

## Trust

- *demonstrated by respecting the confidentiality of others*
- *promoting communication that is straight forward, open and honest*

## Respect

- *making each individual employee, volunteer and health provider feel valued*
- *recognizing the other's point of view and preferences even if they are different than ours*
- *acknowledging each person's ethnic and cultural heritage*
- *accepting alternative and traditional healing practices*

## Accountability

- *being responsible for the consequences of our actions to the people of the Region*
- *consulting with stakeholders in the development of appropriate, effective and evidence based health service planning*
- *emphasizing the right of people to make informed decisions affecting their health*

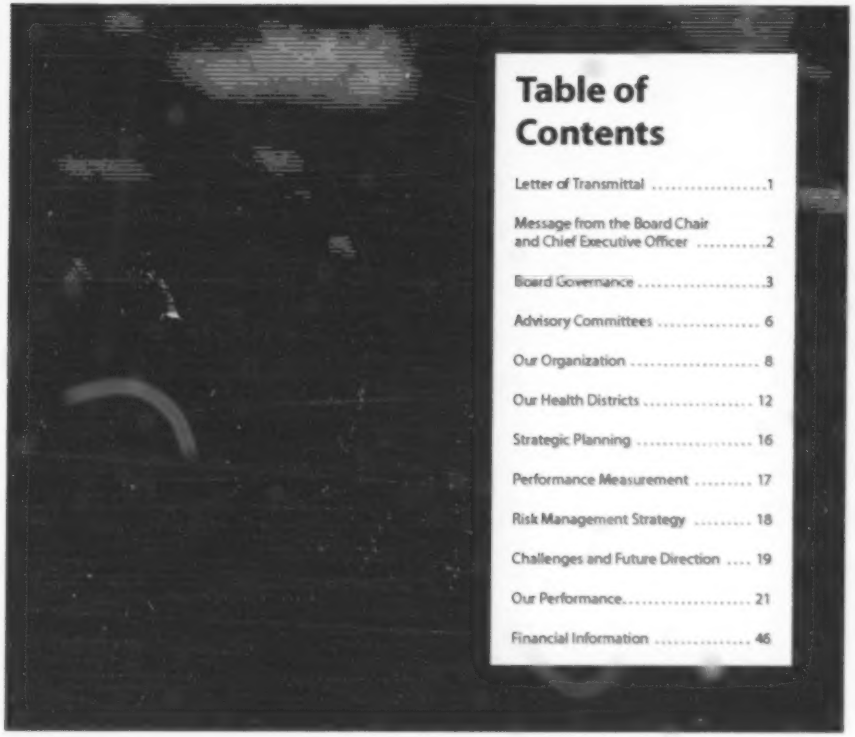
## Compassion

- *treating all people in a caring manner*
- *appreciating the family as an integral system within our communities*

## Excellence

- *always seeking better ways of doing things*
- *continually evaluating and improving ourselves*
- *taking a proactive approach to health and lifestyle education*





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## Letter of Transmittal

We are honoured to present the North Eastman Health Association's Annual Report for the fiscal year ending March 31, 2011.

This annual report was prepared under the Board's direction and approved by the Board of Directors, in accordance with The Regional Health Authorities Act and directions provided by the Minister of Health. All material economic and fiscal implications known as of September 30, 2011 have been considered in preparing the annual report.

Respectfully submitted on behalf of the North Eastman Health Association.

M Mills

Margaret Mills
Chair – Board of Directors

# Message from the Board Chair and Chief Executive Officer

*Ron VanDenakker, Chief Executive Officer*

*Margaret Mills, Board Chair*

It is our pleasure to provide the North Eastman Health Association's Annual Report for 2010-11.

Each year we strive towards our mission to provide and promote quality services that are responsive to the health needs of our population. This report demonstrates the continuing progress that we have made in the past year to realize our vision of best possible health for all. The Report will highlight both our accomplishments and challenges associated with our role of delivering health services across the North Eastman region.

Our Strategic Priorities provide direction and focus for our Board and staff and we believe that we have made progress in some key areas.

Wellness and disease prevention initiatives are a priority and we have continued to develop primary care teams that focus on healthy lifestyles, preventing chronic disease and reducing risk associated with chronic diseases such as diabetes, heart disease and respiratory diseases. This past year our Telehealth sites expanded to include Beausejour and Whitemouth.

Our Community Health Assessment that was completed in 2009 has provided evidence that our region will continue to have an increasingly aging population. The Ironwood Supportive Housing project opened in Pinawa in July 2010 and provides housing options for seniors that require the support of 24 hour companion services, meals, laundry and housekeeping services. We are also in the planning stages of developing a similar project with our partners in the RM of Springfield.

We were very pleased to receive approval from Manitoba Health to proceed with our next major capital project, for a new 80-bed Personal Care Home, to be located in Lac Du Bonnet. This facility will replace the existing 30-bed Personal Care Home

The past year has seen the development of a new EMS Facility located in Pine Falls and also approval for renovations to the Lac du Bonnet EMS Facility. Both projects are expected to be complete by the summer of 2011.

Data provided through the Medical Transportation Coordination Center (MTCC) demonstrates that we are improving our response times to primary calls but there are still challenges related to having sufficient staff for our 8 EMS sites.

We are pleased to have been asked to own and operate a new Renal Health Centre which is currently being built in Berens River First Nation. The centre is expected to be complete and in operation by early 2012. This centre will enable people from the community to have dialysis treatments in their home community. At present, these clients need to move to Winnipeg for this service. They are very excited about returning to their home.

We are also very pleased to have received approval from Manitoba Health to advance the design process of a Primary Health Centre expansion and Traditional Healing Centre in Pine Falls.

Healthy and productive staff continues to be a leading strategic priority for the region. Having qualified and appropriate staffing levels is the cornerstone to the success of NEHA as we continue to pursue recruitment and retention strategies. This past year has seen further development of our French Language Services strategy and there has been a focus on striving towards providing services in French whenever possible for our francophone population.

Information Technology remains a priority across all programs as we continue to plan and build components that will ultimately result in an integrated electronic health record. Improved information technology such as Telehealth has also improved access to services such as specialist consultations and education.

In closing, we would like to recognize the efforts of our staff, volunteers and physicians for their dedication and continued commitment to the North Eastman region over the past year. We would also like to extend our appreciation to our communities, health partners and other organizations that remain committed to working in partnership with NEHA for the health and well-being of our residents.





# Board Governance

North Eastman Health Association operates in compliance with the legislative authority as outlined in the Regional Health Authorities Act and under the direction of the Board of Directors with accountability to the Ministers of Health and Healthy Living. The Board of Directors has clearly articulated policy and direction through the Mission Statement and Ends of the organization. The Board functions effectively as a collective governing body through a formal committee structure and board governance process ensuring the implementation of the Health Plan; that funds are allocated appropriately; and that effective systems of control and legislative compliance are maintained.

## Evaluation of Board Performance

The Board conducts an annual self-appraisal to evaluate its performance and to identify educational needs. The Board has continued to actively pursue its educational needs through participation in events and activities including:

- Annual Rural and Northern education day sponsored by the Manitoba Centre for Health Policy and the Need to Know Team.
- Annual Provincial Health Leadership Forum sponsored by the Regional Health Authorities of Manitoba (RHAM), Manitoba Health and the Canadian College of Health Leaders (CCHL).
- Orientation and educational sessions offered by Manitoba Health, RHAM and North Eastman Health Association.
- Annual patient safety education event sponsored by the Manitoba Institute for Patient Safety and the Canadian Patient Safety Institute.
- Ethics Workshops.
- Accreditation is an assessment of performance to accreditation governance standards and completion of the Board Action Plan. This assessment occurs every three years and the next scheduled Accreditation will occur in 2012.

## Board of Directors - April 2010 to March 2011

**Margaret Mills, Chair – Pinawa**
**Therese Conroy, Vice Chair – Whitemouth**
**Steve Day, Treasurer – Beausejour**
**Virginia Mathews, Secretary – Lac du Bonnet**
**Robert Carmichael – Beausejour**
**Daniel Franklin – Beausejour**
**Ian Goodall-George – Oakbank**
**Oral Johnston – Little Black River**
**Diane Kelly – Whiteshell Provincial Park**
**Karen Kost – Lac du Bonnet**
**Donna MacDonald – Dugald**
**Derek Owen - Pinawa**
**Barbara Sabanski – Pinawa**
**Harold Slaby – Hillside Beach**
**Ulrich Wendt - Prawda**

At the end of March 2011, the Board of Directors said goodbye to Virginia Mathews and welcomed new Board member, Morley Simard from Manigotagan.

*From left to right: Donna MacDonald, Bob Carmichael, Ian Goodall-George, Therese Conroy, Oral Johnston, Virginia Mathews, Derek Owen, Margaret Mills (Chair), Steve Day, Barbara Sabanski, Ulrich Wendt, Diane Kelly, and Dan Franklin*

*Missing: Karen Kost and Harold Slaby*

# Board Governance

## Board Activities

The Board meets twice a month. This frequency of meeting has enabled North Eastman to integrate accountability for quality improvement by the Board as a whole at a policy governance level. The Board receives reports from the Chief Executive Officer and his leadership team regarding each Program and Support Service.

The Board continues to tour the Region's facilities to obtain first hand knowledge of functions and staff concerns.

Annually, Managers provide functional department information to increase awareness of Healthcare systems. This information enables Board Directors to ask the appropriate questions when discussing operations issues.

## Public and Stakeholder Consultation

- Supportive and Elderly Person's Housing initiatives with the Pinawa, Oakbank and Lac du Bonnet communities.
- The enhancement of access to French Language Services with the community of St. Georges and the surrounding area.
- The review of Emergency Medical Services delivery based upon the EMS Provincial Framework document to best serve the North Eastman communities.
- The planning for Primary Health Care programs and services for Powerview-Pine Falls and the surrounding communities.
- The planning for enhancing aboriginal health services delivery at Powerview-Pine Falls for First Nations and Métis communities including Sagkeeng, Black River, Hollow Water, Seymourville, Manigotagan and our five fly-in communities. This consultation involved representatives from these communities and the Southeast Resource Development Council (Tribal Council).
- Extensive consultation with Berens River First Nation regarding the new Berens River Renal Health Centre.
- Extensive consultation with Lac du Bonnet and surrounding communities regarding the new Personal Care Home in Lac du Bonnet.

During the past year, the North Eastman Board of Directors and the leadership team have continued to consult with North Eastman communities. In addition, advice, feedback and input from community representatives is received through the District Health Advisory Council (DHAC) on a regular basis.

## Board Priorities

- Renewing and achieving the organization's strategic plan, based upon the Community Health Assessment and the Manitoba Health provincial priorities.
- Obtaining approval for the capital projects identified in the Health Plan.
- Engaging in community consultation to obtain ongoing input and feedback from the North Eastman communities.
- Functioning as an effective governing body.
- Supporting the organization to achieve its mandate.
- Being accountable and achieving sustainable results.

## Organizational and Advisory Structure

The Board of Directors' committee structure includes an Executive, Human Resources, Policy and Finance, Capital Planning and Audit committees. The following are actions taken and outcomes achieved through the Board's committee structure:

### Executive Committee:

(Membership includes Board Chair, Vice-Chair, Treasurer, and Secretary)

- Discussed, reviewed and prepared recommendations to the Board on matters related to Board responsibilities.
- Initiated and summarized the Board's evaluation of the Chief Executive Officer.
- In collaboration with the Department of Health initiated and completed a search process for a new CEO.
- Initiated the Board Self-Evaluation process and provided a summary outcome to the collective Board.

### Finance Capital Planning and Audit Committee:

- Reviewed financial monitoring reports on a monthly basis to ensure compliance with Executive Limitations and the approved Budget.
- Reviewed reports and monitored progress of the capital projects.
- Completed audit requirements with the assistance of an external auditor.
- Reviewed and recommended approval of the annual operating budget.
- Reviewed the Management of Endowment and Investment Report.
- Reviewed the Board's spending including but not limited to expense reimbursement and Board educational development.
- Assessed and provided options for the Board regarding appointment of financial institution(s) and external auditors.
- Reviewed all NEHA contracts and agreements in excess of $15,000.
- Reviewed all capital purchases and costs including the three year budget forecast.
- Reviewed CEO Report on services, volume trends at various sites and any outstanding legal issues.





# Board Governance

### Policy Committee:

- Reviewed several Board of Directors Policies to ensure relevancy and consistency with provincial standards and legislative requirements.
- Provided ongoing recommendations to the Board as a whole regarding several policy changes.

### Human Resources Committee:

- Received regular updates on Labor Relations issues including current status of collective Bargaining of all four Provincial Agreements and significant bargaining issues.
- Received updates on several initiatives including:
  - Recruitment and Retention Strategies including High School Scholarship Tuition Assistance, Home for the Summer Employment Programs, Return of Service Agreements and Mentoring Programs.
  - Performance Appraisal process and organizational compliance.
  - H1N1 Staff Vaccination Program.
- Received updates on Human Resources performance indicators including:
  - Full time and part time nursing ratios.
  - Grievances and arbitrations.
- Received a detailed presentation regarding the Staff Work Life Survey.
- Received a detailed provincial Pension and Benefits Plan presentation.

**BOARD MEETINGS ARE HELD ON THE 2nd and 4th MONDAY OF EACH MONTH AT THE CORPORATE OFFICE IN PINAWA.**

**APPROVED BOARD MINUTES ARE AVAILABLE ON THE NEHA WEBSITE www.neha.mb.ca**

# Senior Management Team

*Ron Van Denakker*
*Chief Executive Officer*

*Judy Coleman*
*VP – Programs & Services*

*Bonnie Frith*
*VP – Quality & Organizational Development*

*Donna DeMarco*
*VP – Finance & Support Services*

*Dr. Harold Nyhof*
*VP – Medical Services*

*Brian Magnusson*
*Director – Human Resources Services*

*Dr. Karen Robinson*
*Medical Officer of Health*

# Medical Advisory Committee

*Dr. Harold Nyhof*

The Medical Advisory Committee is chaired by the Regional Chief of Staff and provides advice to the Board on medical issues including standards of medical practice, recommendations concerning appointments and privileges as well as advice concerning medical practice as it relates to licensing bodies and professional association of the medical staff.

The Regional Chief of Staff has utilized the Medical Advisory Committee meetings as a means of communicating with the medical staff and usually all the medical staff are invited to attend these gatherings which are held in the evening with supper provided. This means of communication and teamwork is working very well and has resulted in consistently good attendance by the medical staff and as a result they are kept well informed. The Chief Executive Officer and Vice President of Programs and Services also attend and the CEO utilizes this opportunity to keep the medical staff informed on organizational activities as well as to seek their advice and counsel.

In relation to the various clinical programs, the Vice President is given the opportunity to present updates and engage in discussion with the medical staff regarding program developments, challenges and opportunities.

The Medical Advisory Committee meetings sometimes also include a continuing medical education component (CME) and this too has been well received by the medical staff. This integrated and inclusive approach is working well and is effective in relation to communication, teamwork and the fulfillment of its responsibilities to the organization and the Board.

# Ethics Committee

The Regional Ethics Committee consists of a cross section of staff and board members from throughout the organization and represents different regional programs. In October, 2010 the Ethics Committee took a fresh look at our purpose and goals. As a result, the regional ethics policies have been updated to more clearly reflect the work of the committee and the ethics services available in the region. Included is an enhanced process for ethics consultation as well as education and capacity building.

The Ethics Committee meets four times per year with two meetings focusing on committee business and the other two meetings are geared towards ethics education for the committee itself. The following four goals have been identified, Education, Capacity Building, Consultation and Policy Review.

Ethics education is offered year-round on a rotational basis with NEHA program staff. Leah Bueckert, Spiritual Care Coordinator provides the education to the programs and services staff. An all-day Regional Ethics Workshop entitled, "Our Stories Matter: Spirituality and Narrative Ethics" was held on April 19th, 2011.

*From left to right: Margaret Mills, Dr. Jim Read - Ethics Consultant, Heather Cline, Dr. Harold Nyhof, Heesook Byun; Erika Ernes, Leah Bueckert, Dr. Hugo Lambrechts, Lorraine Dent-Prychun, Karlene Irvine, Judy Coleman.*
*Misssing: Dr. Richard Van Gend, Myrna Suski, Therese Conroy, Cheryl Smith, Jack McRobie.*





# District Health Advisory Council Annual Report — 2010/11

The District Health Advisory Council (DHAC) is intended to be the voice of the community to assist in the planning for health services within North Eastman. It brings into focus the community strengths and interests for improved health status. This occurs through our connection to the NEHA Board of Directors and Executive by giving a community voice to health matters and concerns in the region.

As in past years, members of the DHAC have had several presentations from various departments within the NEHA organization. These presentations were quite informative and coupled with question and answers, DHAC members were able to have a better understanding of NEHA. Further, members were able to provide information from the community in relation to these presentations thus bringing community concerns forward to the proper department supervisor.

The presentations covered the following topics:

- A Collaborate Approach to Mental Health Services
- Primary Care
- Home Care Program
- Long Term Care Program

At each of the DHAC meetings, members also bring forward and discuss items of concern that have been expressed to them from citizens of the area. These items, should they require follow up, are directed to the proper NEHA representative or proper information is given to set the citizen at ease.

Membership to the DHAC is composed of community members with a concerned interest in the health and wellbeing of their community. This includes representation from the Springfield, Brokenhead, Iron Rose, Winnipeg River and Blue Water Health Districts. We invite you to join us or share your concerns and thoughts with us. Look us up at: www.neha.mb.ca.

As the North Eastman region continues to grow, so does the population and the need for ever increasing Health Services. Public participation in DHAC is key to these future goals.

On behalf of the DHAC, I would like to thank the NEHA Board of Directors and Executive for their commitment to ensuring the needs of the citizens of North Eastman are responded to and a proper solution is provided.

*Jack McRobie, Chair*

*From left to right: Pat Ledingham, Lloyd Rattai, Kay Harvey, Jack McRobie (Chair), Sheila Sutyla, Sean Michaels and Marline Wruck*
*Missing: Ruth Ferens, Lynn Montsion, Marilyn Zarecki, and Joe Tyson*

## District Health Advisory Council 2010-2011

**MEMBERSHIP 2010-2011:**

**Jack McRobie, Chair – Whiteshell Provincial Park**
**Ruth Ferens – Beausejour**
**Kay Harvey – Pinawa**
**Patricia Ledingham –Whiteshell Provincial Park**
**Sean Michaels – Beausejour**
**Lynn Montsion – Pinawa**
**Lloyd Rattai – Pinawa**
**Joe Tyson – Beausejour**
**Sheila Sutyla – Elma**
**Marline Wruck – Lac du Bonnet**
**Marilyn Zarecki – Lac du Bonnet**

Kaitlin Adey from Rennie and Melissa Fuerst from Beausejour were appointed to the DHAC membership in May 2011.

# Our Organization

*North Eastman provides core services for the delivery of health services within the provincial framework for health and includes:*

- *Health Promotion*
- *Health Protection*
- *Prevention and Community Health Services*
- *Treatment, Emergency and Diagnostic Services*
- *Developmental and Rehabilitation Support Services*
- *Home-Based Care Services*
- *Long Term Care Services*
- *Mental Health Services*
- *Substance Abuse/Addictions*
- *Palliative Care*

**Primary Health Care includes:**

**Physicians, Nurse Practitioners, Public Health, Mental Health, Home Care, Dietitians, Wellness Facilitators, & Services to Seniors.**

## Beausejour

**Beausejour Health Centre (Telehealth)**

**Hospital (30 beds)**
151 First Street South
P.O. Box 1178, Beausejour, MB R0E 0C0
Tel: 268-1076
Fax: 268-1207

**Primary Health Care Centre**
151 First Street South
P.O. Box 550,Beausejour, MB R0E 0C0
Tel: 268-4966
Fax: 268-4399

**East-Gate Lodge Personal Care Home (80 beds)**
646 James Avenue
P.O. Box 1690,Beausejour, MB R0E 0C0
Tel : 268-1029
Fax : 268-3525

**Payroll, Material Services & Information Systems Services**
#71107 Highway 302 South
P.O. Box 209, Beausejour, MB R0E 0C0

# Our Organization

## Lac du Bonnet

**Lac du Bonnet Primary Health Care Centre**
89 McIntosh Street
P.O. Box 1030,Lac du Bonnet, MB R0E 1A0
Tel : 345-8647
Fax : 345-8609

**Lac du Bonnet Personal Care Home (30 beds)**
75 McIntosh Street
P.O. Box 1030, Lac du Bonnet, MB R0E 1A0
Tel : 345-8675
Fax : 345-9245

## Oakbank

**Kin Place Health Complex**

**Kin Place Primary Health Care Centre**
689 Main Street
P.O. Box 28, Oakbank, MB R0E 1J0
Tel: 444-2227
Fax: 444-7851

**Kin Place Personal Care Home (40 beds)**
680 Pine Drive
P.O. Box 28, Oakbank, MB R0E 1J0
Tel: 444-2004
Fax: 444-7868

## Pinawa

**Pinawa Hospital (17 beds, CancerCare Program, TeleHealth)**
30 Vanier Drive
P.O. Box 220, Pinawa, MB R0E 1L0
Tel: 753-2334
Fax: 753-2219

**Primary Health Care Centre**
30 Vanier Drive
P.O. Box 220, Pinawa, MB R0E 1L0
Tel: 753-2334
Fax: 753-2219

**Corporate Office**
24 Aberdeen Avenue
P.O. Box 339, Pinawa, MB R0E 1L0
Tel: 1-877-753-2012 Toll Free
Tel: 753-2012
Fax: 753-2015

# Our Organization

## Pine Falls

**Pine Falls Health Complex**

**Hospital (23 beds, 6 Station Dialysis, TeleHealth)**
37 Maple Street
P.O. Box 2000, Pine Falls, MB R0E 1M0
Tel: 367-4441
Fax: 367-8981

**Sunnywood Personal Care Home (20 Beds)**
37 Maple Street
P.O. Box 2000, Pine Falls, MB R0E 1M0
Tel: 367-8201
Fax: 367-4583

**Pine Falls Primary Health Care Centre**
37 Maple Street
P.O. Box 2000, Pine Falls, MB R0E 1M0
Tel: 367-4441
Fax: 367-8981

## Whitemouth

**Whitemouth District Health Centre**

**Personal Care Home (26 beds)**
75 Hospital Street
P.O. Box 160, Whitemouth, MB R0E 2G0
Tel: 348-7191
Fax: 348-7911

**Primary Health Care Centre (TeleHealth)**
75 Hospital Street
P.O. Box 160, Whitemouth, MB R0E 2G0
Tel: 348-7191
Fax: 348-7911

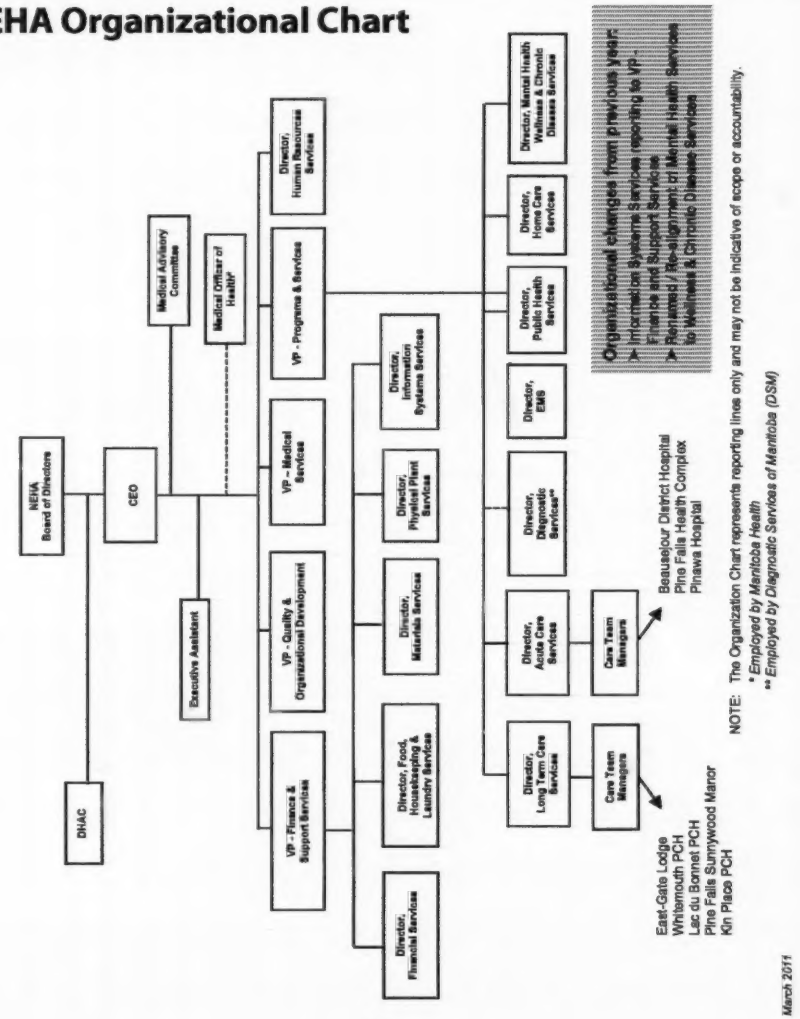
## Emergency Medical Services

**Ambulance Service:**
Beausejour.....911
Bissett.....277-5119
Lac du Bonnet.....911
Pinawa.....911
Pine Falls.....911
Reynolds.....911
Springfield.....911
Whitemouth.....911





# NEHA Organizational Chart


NEHA Board of Directors
CEO
DNAC
Executive Assistant
Medical Advisory Committee
Medical Officer of Health*
VP - Finance & Support Services
VP - Quality & Organizational Development
VP – Medical Services
VP - Programs & Services
Director, Financial Services
Director, Food, Housekeeping & Laundry Services
Director, Materials Services
Director, Physical Plant Services
Director, Information Systems Services
Director, Human Resources Services
Director, Long Term Care Services
Director, Acute Care Services
Director, Diagnostic Services**
Director, EMS
Director, Public Health Services
Director, Home Care Services
Director, Mental Health Wellness & Chronic Diseases Services
Care Team Managers
Care Team Managers
Organizational changes from previous year
Information Systems reporting to VP-Finance and Support Services
Remained / Re-alignment of Mental Health Services to Wellness & Chronic Disease Services
Beausejour District Hospital
Pine Falls Health Complex
Pinawa Hospital
East-Gate Lodge
Whitemouth PCH
Lac du Bonnet PCH
Pine Falls Sunnywood Manor
Kin Place PCH

NOTE: The Organization Chart represents reporting lines only and may not be indicative of scope or accountability.

* *Employed by Manitoba Health*

** *Employed by Diagnostic Services of Manitoba (DSM)*

March 2011

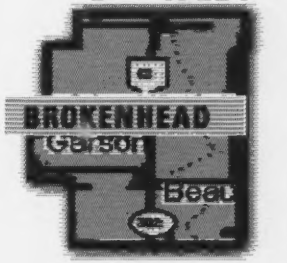
# Our Health Districts

The Region is geographically diverse. It extends east to the Ontario border, north to the 53rd parallel, west to Lake Winnipeg and the Rural Municipality of St. Clements, and south slightly beyond the Trans-Canada Highway. The districts of Springfield and Brokenhead enjoy a close proximity to the City of Winnipeg and residents of these communities can easily commute to the city for employment.

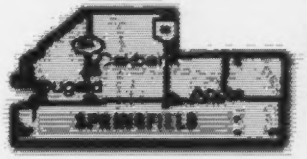
There is diversity across the Region both in terms of economic status and culture. Within NE, there are considerable differences in health status among our districts with Northern Remote and Blue Water burdened disproportionately by poorer health status in a number of indicators compared with Iron Rose and Springfield for example.

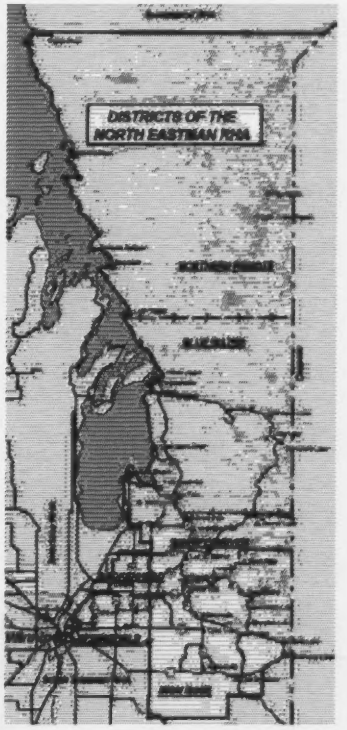
**NORTHERN REMOTE**
- Teen pregnancy rates are higher when compared to the Manitoba average.
- Overall, childhood immunizations are lower than the Manitoba average, but are increasing.
- There has been an increase in people being treated for diabetes and the rate is higher than the Manitoba average.
- Has the lowest median individual and household income compared to our other health districts and Manitoba.

**BROKENHEAD**
- The rate of hospital deaths or admissions due to heart attacks has decreased.
- Injury hospitalization has decreased.
- There has been an increase in people being treated for depression.
- Teen live births have decreased and are lower than Manitoba average.




**SPRINGFIELD**
- There has been an increase in people treated for hypertension.
- Childhood immunization at two years has decreased, but is similar to Manitoba.
- Teen live births have decreased and are lower than Manitoba.
- Springfield self reported the highest percent of life stress.





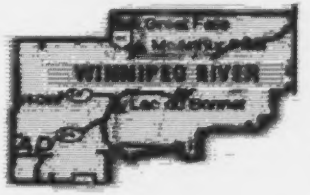



# Our Health Districts

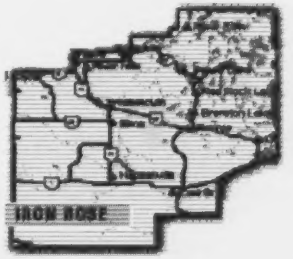
An extensive Community Health Assessment was conducted across the North Eastman region in 2009 and this Assessment provided valuable information that was used extensively for strategic planning purposes.

**BLUE WATER**
- There has been an increase in people being treated for diabetes, and is higher than the Manitoba average.
- There has been an increase in people being treated for depression and is higher than Manitoba.
- Injury hospitalization rates decreased, but remain higher than Manitoba.
- Teen live births have decreased, but remain higher than Manitoba.

**WINNIPEG RIVER**
- Birth rate is lower than the Manitoba average.
- There has been an increase in people being treated for depression.
- Respiratory treatment has increased and is higher than the Manitoba average.
- There was a increase in teen live births, but is lower than Manitoba.
- Residents had the highest smoking rates of (29.7%) of all our districts (excludes Northern Remote).




**IRON ROSE**
- Has the second lowest median individual and household income compared to our other health districts.
- There has been an increase in people being treated for depression.
- There has been an increase in respiratory disease treatment and it is higher than the Manitoba average.
- There were fewer current smokers (18.4%) compared to other districts (excludes Northern Remote).




## Community Health Assessment Findings

As a region, North Eastman is diverse and our health status reflects this.

North Eastman's (NE) population has grown from 39,644 in 2003 to 40,994 in 2008; a 3.4% increase. The projected growth in number of residents is expected to be from net migration. The population more than doubles in the summer with vacationers and cottage owners enjoying the Whiteshell, Nopiming and Atikaki Provincial Parks and resort communities.

The number of children between 0-19 years has decreased. Our population is getting older in all districts except for Northern Remote where there is a very young population. Winnipeg River has the highest percent of 65+ (24%) followed by Iron Rose (17%) and Brokenhead (16%). Northern Remote has the least number of seniors (4%). The percentage of Aboriginal people in NE did not change between 2001 and 2006 at 25%. Northern Remote (91%) and Blue Water (58%) had the highest number of Aboriginal people in 2006.

For planning purposes, it is anticipated that over the next 30 years, for both males and females there will be an increase in 0-51 year olds and 65 to 90+ year olds, and a decrease in 55-64 year olds. The largest increase is expected to occur in the 70+ age group.

Environmental factors influence our health and should not be taken for granted. We are committed to working on this continuously in partnership with others. In North Eastman we enjoy an abundance of open spaces, many lakes and rivers, clean air and dense boreal forest creating a diverse economic base including farming, mining, forestry and hydro-electric power. Approximately one third of the region is accessible by air, water or a winter road system. There are 73 registered public water supplies in NE.

# Interesting Statistics

Population Growth - North Eastman's (NE) population has grown from 39,644 in 2003 to 40,994 in 2008; a 3.4% increase. The projected growth in number of residents is expected to be from net migration.

The Aboriginal population has not changed between 2001 and 2006 at 25% of NE's population. Northern Remote (91%) and Blue Water (58%) had the highest number of Aboriginal people in 2006.

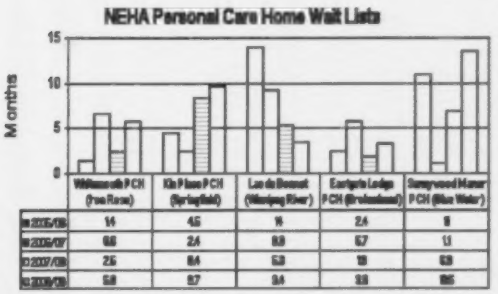
The number of children between 0-19 years decreased by 5.8%. Persons over 65 years make up 13.9% of NE population in 2008. There was an 8.6% increase in people over 65 years.

| NE Age Categories | 0-19 | 20-64 | 65-75+ | Total |
|---|---|---|---|---|
| 2008 | 11,361 | 23,944 | 5,689 | 40,994 |
| Percent of total population 2008 | 27.7% | 58.4% | 13.8% | 100% |
| 2003 | 11,649 | 22,980 | 5,015 | 39,644 |
| Percent of total population 2003 | 29.4% | 57.9% | 12.7% | 100% |
| Numerical Change from 2003 & 2008 | 288 decrease | 964 increase | 674 increase | 1,350 |
| Percent of rate change within age categories and total rate percent change | - 5.78% | +0.86% | +8.7% | +3.4% |

In 2005/06 provincial Personal Care Home beds ranged from 165/1,000 in Brandon to 89/1,000 in North Eastman. North Eastman has the lowest number of PCH beds per 1,000 population over aged 75 years compared with other Manitoba regional health authorities.

Wait times in PCH's varied during the four years reviewed. Increases occurred during the latter time period at EGL, Kin Place, Sunnywood and Whitemouth personal care homes. Even when the wait lists dropped at Lac du Bonnet PCH, there continues to be a 3.4 month wait for a bed. For 2008-2009 the regional average PCH wait time was 7.1 months or approximately 28.5 weeks. During 2004/05-2005/06 NE had the longest median wait time for PCH admission at 22.9 weeks per 1,000 residents over 75 years, compared to other RHAs and was significantly longer than Manitoba overall.

Emergency Medical Services have experienced a consistent increase in the number of primary (911) calls over the last three years. There were a total of 599 more trips in 2008/09 compared to the previous year.




New stroke events decreased in people over 40 years old, except for Northern Remote where there was an increase. Heart attack deaths and hospitalizations decreased in all districts except for Iron Rose where there was a non significant increase.

Smoking rates - There is still 22.7% of our population over 12 years who currently smoke (excludes Northern Remote).

Hypertension rates - Treatment for hypertension appears to have increased in Manitoba, NE, and in all health districts.



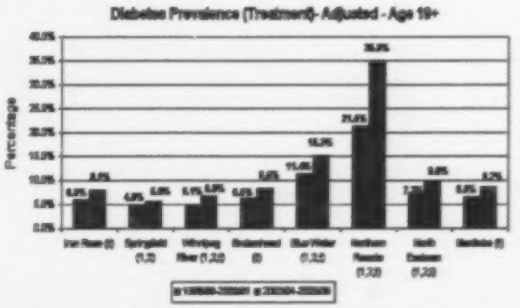


# Interesting Statistics

Diabetes Treatment Prevalence by District - Diabetes in adults and children significantly increased for both males and females. This trend is occurring in Manitoba as well.

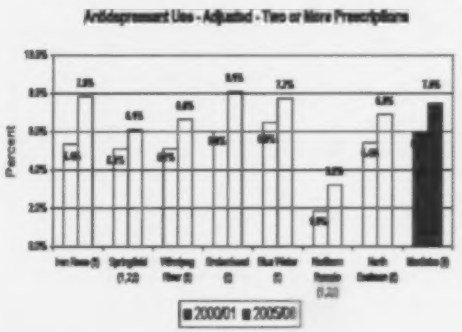
NE had significantly lower rates of treatment for depression than Manitoba overall, yet significantly increased during the latter time period. NE, Manitoba, and all health districts showed an increase during the second time period.

Both Manitoba and NE showed a significant increase in antidepressant use during the second time period. In all districts, antidepressant use significantly increased.




Prevalence of obesity - Obesity is a growing concern. Using body mass index for residents over 18 years we see that 37.9% of residents are overweight and 21.5% are obese. Approximately two thirds of residents eat less than four servings of vegetables and fruits per day. Further 43.2% of females compared with 23.7% of males were considered to be inactive. This data excludes Northern Remote

Alcohol Use - Over one third of residents over 12 years reported binge drinking i.e. drinking five or more alcoholic drinks at one time (excludes Northern Remote). Forty-two percent of Grade 6 -12 students surveyed in 2007 reported consuming at least one drink of alcohol within the previous 30 days of the survey. New mothers reported a decrease in alcohol use during pregnancy, however there is still 9% of new mothers in NE who used alcohol during pregnancy.




Income Levels - There is strong and growing evidence that higher social and economic status is associated with better health. In NE there is considerable variability in individual and household incomes between health districts. Median individual income in NE appears to be slightly less for females and similar for males compared with Manitoba. Males have higher median incomes compared with females both provincially and in NE.

The leading cause of newly diagnosed cancers were prostate cancer for males and breast cancer for females. Skin, breast and cervical cancer increased in females, as did lung cancer in males. Colorectal cancer appears to be decreasing.

# Strategic Planning

The North Eastman Health Association Strategic Plan articulates the four Board Ends and four Strategic Priorities that the organization will be pursuing during the five-year period, 2006 – 2011. The Strategic Plan integrates planning, operations, and quality into one plan. This plan is in full alignment with Manitoba Health's Broad Topics and Goals, and the Canadian Council on Health Services Accreditation Quality Dimensions.

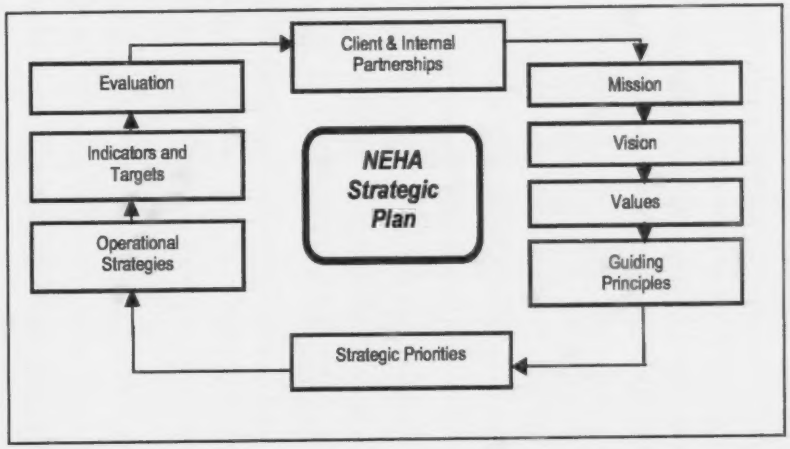
NEHA's Strategic Plan is deployed throughout the organization through Corporate Strategies and Corporate and Team Action Plans. It is the integration of teamwork and performance excellence, along with our strategic planning and organizational accountability that result in positive outcomes evidenced by sustainable improvements in care and service delivery. The Strategic Plan provides the framework for NEHA's Performance Measurement System with results documented in our Corporate Scorecard and Dashboard of Performance Indicators.

**The North Eastman Strategic Plan:**

- Promotes alignment within NEHA, as well as with Manitoba Health direction.
- Allows each Program and Service Team through their Action Plans to contribute to fulfilling the mission and vision of the organization.
- Incorporates Performance Deliverables into the Strategic Plan.
- Requires strong staff involvement in the planning process.
- Enhances decentralized accountability and decision-making at the team level.

In 2008 – 2009 NEHA completed an extensive Community Health Assessment . This is a valuable resource that provides a wealth of information on the health status of our population and the health services that we are currently providing. This information was used extensively as we prepared our renewed Strategic Plan for 2011-2016.

## Strategic Planning Process








# Performance Measurement

North Eastman Health Association's Performance Measurement System provides a framework to report on our health system's performance in relation to progress towards our Board Ends and Strategic Priorities, as well as, recognized standards of performance. The reporting system identifies and supports quality improvement by using both Strategic and Operational Indicators to measure practice and identify the need for improvements to process or outcome.

This framework includes a Scorecard for our Strategic Indicators and a Dashboard for our Operational Indicators, to assess performance at all levels.

**→ Strategic Indicators:**

Identify progress towards fulfillment of Corporate and Team Action Plans and are directly linked to Board Ends and Strategic Priorities.

**→ Operational Indicators:**

Monitor performance of each program and service and are linked to core functions.

**→ Targets:**

Identify desired levels of performance and are usually expressed as a percentage or rate. They are based on past performance, benchmark data and resource requirements.

Analyzing team and organizational performance is essential to our Quality Management System and therefore linking this information to corporate strategies and determining changes needed to respond is of strategic importance. Two reports that facilitate this analysis include: Utilization Indicator Analysis and Risk Management Indicator Analysis Reports.

The NEHA Performance Measurement template is aligned with Manitoba's Health Performance Measurement framework, which includes Health Status and Determinants, Health System Performance, Health System Infrastructure, and Community and Health System Characteristics.

**Strategic Priority:**
**Alignment with Manitoba Health Themes and Priorities**
**Accreditation Canada's Quality Dimension**

**CORPORATE SCORECARD**

**OPERATIONAL STRATEGY:**

| Regional Actions | Strategic Indicators | Target |
|---|---|---|

**TEAM ACTION PLANS**

| Team Actions | Strategic Indicators |
|---|---|

**CORPORATE DASHBOARD – OPERATIONAL INDICATORS**

| TEAMS | CORE FUNCTIONS |
|---|---|
| | OPERATIONAL INDICATORS |
| | |

# Risk Management Strategy

The North Eastman Health Association is committed to providing quality care and service to clients in a safe and secure environment. Through a systemic and coordinated approach to Risk Management, including a strategic focus on client and staff safety, we strive to ensure there are systems and processes in place to manage risk.

The Board of Directors has governance responsibility for risk in the organization. The Integrated Risk Management policy establishes the Board's commitment and support for an effective risk management/client safety strategy within the organization. We ensure there are mechanisms in place to control, minimize and manage risk in a systemic way utilizing a quality improvement approach that is effective across the continuum of care.

Our intent is to provide a non-threatening environment that sustains a work force capable of recognizing and dealing with risk and client safety issues. This is accomplished through ongoing education and development of a culture of client safety. Risk is managed and operationalized through existing decision-making and reporting structures across the continuum of care. Additionally, Risk Management and client safety principles are included in the regional orientation for all new employees.

The organization measures and monitors risk management indicator data, trends, analysis and action plans. This information is communicated directly to the Board of Directors and across the organization.

# The Public Interest Disclosure (Whistleblower Protection) Act

The North Eastman Health Association has provided employees with a clear process for disclosing concerns of significant and serious matters. All critical occurrences receive careful and thorough review to determine if action is required under the act and if it should be reported. During April 1st, 2010 to March 31st, 2011 no disclosures were identified or reportable.

The following is a summary of disclosures received by North Eastman Health Association for the fiscal year 2010-11.

| Information required annually Per Section 18 of the Act) | Fiscal year 2010-11 |
|---|---|
| The number of disclosures received, and the number acted on and not acted on. Subsection 18(2)(a) | NIL No disclosure was received. |
| The number of Investigations commenced as a result of a disclosure. Subsection 18(2)(b) | NIL No investigation was commenced under the Act. |
| In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. Subsection 18(2)(c) | NIL No investigation was commenced under the Act. |





# Challenges and Future Direction

## Construction of New Primary Health Care and Aboriginal Healing Centre, Powerview Pine Falls

**(Approved – In Progress)**

The project includes construction of a new Primary Health Care and Aboriginal Healing Centre as part of the Pine Falls Health Complex. The current space that houses Primary Health Care services is located in the basement area of the Pine Falls Health Complex. This area does not provide for adequate space to be efficient and client focused. Many health care providers are sharing office space. The community programs and physicians services that are currently located in the basement area of the Pine Falls Health Complex would be located in the new Primary Health Care Centre and enhanced with additional primary health care service providers.

The new building will have capacity to meet the current and projected needs of the population, taking into consideration the health issues, current infrastructure, required resources and cultural needs of the population served.

The project includes an Aboriginal Healing component that will reflect traditional Aboriginal cultural beliefs and practices, and the Aboriginal contribution to wellness and healing. Building this facility will recognize the strong support of family in Aboriginal culture. The facility will be a place where families of patients in the hospital can gather and visit with their loved ones, in an environment that reflects their cultural identity. The facility will reflect the symbology of Aboriginal culture as determined by the local communities and will include:

- a place for traditional ceremony and smudging,
- a place where a Sacred Fire could be lit,
- kitchen facilities where families and elders can prepare traditional foods and medicines for their loved ones in hospital,
- a place where Aboriginal approaches to Palliative Care can be provided, and
- a place for education on Aboriginal history and teachings around healing.

## New Construction of an 80-bed Personal Care Home, Lac du Bonnet

**(Approved – April 2011)**

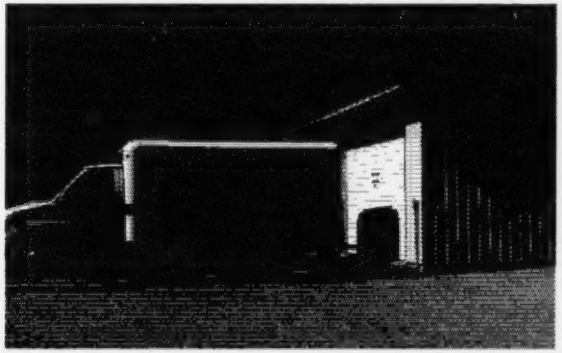
This project involves the development of a new 80 bed Personal Care Home on green space within the community of Lac du Bonnet. Fifty (50) of the 80 beds will be new beds while 30 beds will replace the current PCH beds. The new 80-bed facility will be based on best practice and design to meet the needs of North Eastman's growing seniors population.

North Eastman currently has 196 Personal Care Home beds, or 85 beds/ 1000 population >75 years of age. The provincial average is 122 beds/1000 over the age of 75 and the provincial target for the future is 110 beds/1000 population over the age of 75 in combination with adequate supportive housing.

The development of the additional beds in the Lac du Bonnet area will provide access for residents of Lac du Bonnet, Pinawa, Whitemouth and Powerview-Pine Falls communities as well as the adjacent rural areas.

The existing Personal Care Home, which is attached to a 38 unit Elderly Persons Housing complex managed by Manitoba Housing, will be re-developed to meet existing and future needs.

# Challenges and Future Direction



### Replacement of the Current Powerview-Pine Falls Ambulance Facility (Approved – In Progress)

In conjunction with the construction of the new Primary Health Care and Aboriginal Healing Centre, the current Ambulance Facility is being replaced with a new Ambulance Facility and relocated on the Pine Falls Health Complex site, to provide appropriate space for the new Centre. Construction is due to be completed August 2011.

### Construction of an Ambulance Facility at Oakbank
**(Approved – In Progress)**

At the present time, North Eastman Health Association is temporarily renting space in the municipal Fire Hall for its EMS requirements. Approval has been provided by Manitoba Health to build an Ambulance Facility with adequate facilities for ambulance units and provision to accommodate EMS staff. This project will be moving forward once the land rezoning is completed.

### Renovation of the Current Lac du Bonnet Ambulance Facility (Approved – In Progress)

Renovations have proceeded for the construction of crew quarters addition to the existing Lac du Bonnet Ambulance Facility. These renovations are scheduled for completion August 2011.

### Beausejour Health Centre Major Renovations to Accommodate a CT Scanner
**(Not Approved)**

The Beausejour Health Centre comprises a 30-bed Acute Care Hospital and a juxtaposed Primary Health Care Centre. The renovations are required to accommodate a CT Scanner for the Region adjacent to the current Diagnostics and Imaging Area.

### Pine Falls Health Complex – Renovation to the Basement Area
**(Not Approved)**

Upon construction of the new Primary Health Care Centre and relocation of clinics and services from the basement of the Pine Falls Health Complex, approximately 5,250 square feet of usable space will become available for other programs and services. It is proposed to accommodate the following in the vacated space: large multi-purpose space, on-call accommodation space for lab staff and physicians, staff exercise area, IT server room, bulk storage, in-active medical records storage, Adult Day Program space and Rehabilitation Services (consideration is being given to renovate space upstairs in the facility to accommodate this).

The following pages describe some of the organization's major initiatives and accomplishments over the last year, including some of the critical factors, strategies and challenges.

Although many results were achieved, we continue to work on initiatives through year five of our Strategic Plan.

## Achieving Alignment with Provincial Priorities

**MANITOBA HEALTH**
**Broad Topics**
**Goals**

↕

**Board End**

↕

**Strategic Priority**

↕

**Accreditation Canada**
**Health System Performance**
**Quality Dimension**

**Board End:**
**a goal the organization wants to achieve**

**Strategic Priority:**
**a priority and direction to achieve the Board End**

**Corporate Strategy:**
**the action taken to realize the outcome of the Strategic Priority**

**1** Alignment with MHHL Broad Topic - Priority Populations and Programs
MHHL Goal - Optimimze the Health Status of Manitobans

Our Performance

**Board End:** ***Health Status***
North Eastman Health Association provides health care and services that enable all individuals, families and communities to pursue optimum health. Assistance is available to isolated and socio-economically disadvantaged communities to develop health programs and to improve health status.

**Strategic Priority:** ***Health Care Outcomes***
We constantly listen and learn more about our customers and their families. We combine the latest in technical expertise with personal concern. They tell us we respond to their needs quickly and with true compassion. Our aim is to improve their health status with each contact. We want optimum health care outcomes for each of our customers.

**CORPORATE STRATEGY**
Address the disparity in health status by enhancing services to our isolated and socio-economically disadvantaged communities, i.e. Aboriginal and Northern Communities

| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| Mental Health - Continue to strengthen partnerships with First Nations (FN), northern and remote communities in providing services. | # of clients living in First Nations (FN) communities receiving service (MHMIS Code 392)<br><br># of Community visits to FN communities | • Attend Truth & Reconciliation event in Winnipeg in June 2010. This is one of the components of the Indian Residential Schools Settlement Agreement. Provide support before, during and after the event in order to mitigate, reduce or avoid adverse health risks to ensure that appropriate health supports are in place.<br>• Paid for students and staff from Wanipigow School to attend the CASP conference in Brandon.<br>• During 2011-2012 we have had a range of 13-17 clients who resided in First Nation communities.<br>• The Team travels to Hollow Water every 2 weeks and is in regular attendance at the Teen Link program held in Wanipigow School. | • Share information and resources with Sagkeeng FN in regards to a study "Address the gaps in services for community members with disabilities", which is funded by the Aboriginal Health Transition Fund.<br>• North Eastman Suicide Awareness Committee has a strong focus on Aboriginal Youth initiatives.<br>• Review the possibility of Telehealth services to be offered in First Nation communities of Berens River, Poplar River, Little Grand and Pauingassi as applicable. |

**CORPORATE STRATEGY**
Enhance Mental Health Services throughout the Region

| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| Further develop Psychosocial Rehabilitation Services, including Supported Housing, Proctors, Intensive Case Management and Employment and Development Counselling. | # of clients assisted with services<br># of clients on wait lists | • Service purchase agreement signed with CMHA to provide program delivery and coordination to Changes Clubhouse, portable housing benefit and supportive housing program, and continue to work with revised changes and Mental Health Support Inc.<br>• Saw portable housing benefits approved this year. | • Continue to develop a range of supported housing options within the region for adults with severe and persistent mental illness.<br>• Continue to monitor the need to increase Intensive Case Management Services. Review travel involved in providing this regional service. |
| Further develop the regional Suicide Prevention Strategy based on the provincial strategy (Fall 2006) to increase awareness. | # of Applied Suicide Intervention Skills Training (ASIST) sessions offered<br><br># of Individuals trained in ASIST | • "In 2010-11 "Safe Talk" presentations were offered.<br>• CMHA representation on NESAC was strengthened by adding three members.<br>• Supported provincial "Sources of Strength" conference which is an evidence based Youth Suicide Prevention Program". | • Continue to pursue strategic initiatives as outlined in Reclaiming Hope Strategy through a 2011-12 work plan.<br>• Further integrate mental health promotion and wellness to enhance care and service delivery. |

**CORPORATE STRATEGY**
Enhance services to address Public Health issues based on evidence

| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| To evaluate breastfeeding rates/duration rates. Establish a working committee to review breastfeeding best practices and develop a regional breastfeeding strategy. | # of women initiating breastfeeding<br><br># of women breastfeeding at 6 weeks, 3 months, 6 months, one year | • Breast feeding committee formed and revising existing breast feeding practices. | • Continue to collect data on initiation/duration rates, review the data for future service plans.<br>• Review Practice Outcome Indicators for the Protection, Promotion and Support of Breastfeeding in Community Health Services. |
| Monitor and evaluate attendance at the Healthy Baby Program sites. | # of clients attending Healthy Baby Programs<br># of Healthy Baby sites<br><br># of referrals received through the HB provincial benefit program | • Based on the data collected for 2010-2011, session attendance continues to grow. Have not yet achieved a prenatal attendance of 50%.<br>• NEHA website updated to reflect the Healthy Baby Programming. | • Continue to monitor attendance, i.e., prenatal and postnatal.<br>• Create a communication tool for physician offices.<br>• Develop strategies to increase number of prenatal clients attending the program. |

**CORPORATE STRATEGY**
Enhance services to address Public Health issues based on evidence - *continued*

| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| Complete a review of the management of Sexually Transmitted Infections (STI) in the region:<br>• Monitor the regional numbers by district.<br>• Compare to provincial and other RHA numbers. | # of STIs across the region<br><br># of age and sex distribution of STI's by district in region | • Reviewed management of contact tracing and follow up.<br>• Implemented an STI data form. | • Continue to monitor regional numbers by district for provincial comparisons.<br>• Complete an environmental scan of current STI management practices at the district level-activities/partnerships etc. |
| Audiology<br>Complete a review and analysis of one year of data collected and use for future program planning and compare service provision as it relates to specific birth cohorts. | # of pre-school children screened<br><br># of school aged children screened<br><br># of adults screened | • Total number of children served in 2009-2010: 186 (clinic only).<br>• The number of pre-school children with permanent hearing loss = 2/96.<br>• Total number of school aged children with identified hearing loss = 10/ 90.<br>• The 2008-2009 statistics indicate that in the region 138 babies have been screened by the Public Health Nurses and 22 have been referred to the Audiology program for further assessment. | • Expand the newborn screening throughout the region. |

**CORPORATE STRATEGY**
Enhance Chronic Disease Care Management

| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| Home Care annual client reassessments will be conducted by Case Coordinators to assess client's strengths, abilities, needs and foreseeable risks, and to modify the care needed which will enhance services and the management of chronic diseases. | # of cases reassessed per Case Coordinator<br># of cases needing reassessment per Case Coordinator<br><br># of referrals to Chronic Disease Team<br># of Home Care clients | • Staffing and workload demands were reviewed to ensure quality care and service delivery. | • Goal for next year is to reach 85% completion rate for re-asssessment. |
| The Chronic Disease Prevention and Management (CDPM) teams in each district complete complication assessments on their clients who have been referred to the Diabetes Program. | # of complication assessments completed<br># of clients with diabetes in database<br><br># of clients seen by the CDPM team with a chronic disease other than diabetes<br><br>total # of clients seen | • Complication assessments are part of a client visit and are a living document. Complication assessments are stored on each client chart and are used to prompt educational cues and reminders for further client screening to prevent / delay complications from diabetes. From April 10 until April 11 there has been 170 complication assessments completed and an additional 330 complication assessments started.<br>• Total number of clients in database is 4200. | • Continue to implement cardiovascular education for clients in the community within our program.<br>• Development of complication assessment to include the Chronic Disease Risk Factor Screen. |
| Primary Health Care Nurses & Dietitians – Implement the chronic disease risk factor assessment tool for early identification of people at risk for chronic disease. | # of individuals screened / district<br># of months | • To date 184 risk factor screens have been completed and 135 individuals were identified as being at risk for one or more chronic diseases and were thus given education and or referred on for further follow up. | • Screening clinics will continue. |

**CORPORATE STRATEGY**
Complete Community Health Assessment

| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| Wellness Facilitators will assist with the Community Health Assessment by being community leads. | # total hours spent working on Community Health Assessment (CHA)<br># total hours worked | • Community Health Assessment (CHA) used extensively for planning. | • Five year strategic plan completed. |

**2** Alignment with MHHL Broad Topic - Patient Safety and Disaster Management, Improved Utilization and System Competency
MHHL Goal - Improve Quality, Accessibility and Accountability, and Achieve a ustainable System

**Board End: Access to Services**
All residents have access to a full spectrum of integrated basic health services available within the Region through a seamless single point of entry. Residents have timely access to services required but not available in the Region.

**Strategic Priority: Systems**
Each process is designed to assure a successful customer experience. We search out the best practices in our fields realizing that new ideas will move us towards excellence. Our many support processes are standardized thereby permitting timely service regardless where we are in the Region. Information technology gives us easy access to information within and outside the Region. Our customers benefit by having 24-hour access to our services on-line. At NEHA, accountability is fundamental to all we do. We manage, monitor, evaluate and continuously improve so that we have optimum systems to support the delivery of our care.

**CORPORATE STRATEGY**
Strengthen Utilization Management

| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| Implement a regional Acute Care Pharmacy and Therapeutics Committee. | | • Committee membership established and includes a Physician, Pharmacist, Pharmacy Tech, Director of AC and one AC Care Team Manager. | • Finalize Terms of Reference and establish quarterly meetings, develop policy and education sessions. |
| Enhance Diagnostic Services in NEHA by acquiring an in region Computed Tomography and Ultrasound Service. | # of NEHA residents accessing service outside RHA | • Data on NEHA residents accessing services elsewhere updated.<br>• New initiative proposals submitted outlining equipment, staff, capital renovations and operating requirements. | • Update requirements for establishment of these services.<br>• Continue to obtain data on residents who must access service outside the region.<br>• Examine costs for patient transport via ambulance for access to these services. |
| EMS - To ensure a 70th percentile response compliance (phone pickup to on scene) better than the provincial average. | NEHA 70th Percentile Response Compliance (phone pickup to on scene)<br>Provincial average 70th percentile response compliance (phone pickup to on scene). | • NEHA has a 10th percentile compliance of 5.2 minutes (regional average) which is slightly higher than the provincial average of 4.8 minutes. The 70th percentile for North Eastman is 21.1 minutes while the provincial average is 17.8 minutes. This is due in part to longer travel times as a result of high call activity (support for Pine Falls by other services and response by Bissett into Hollow Water, Manigotagan, and Seymourville). | • Data collected will be analyzed for the purpose of assessing service delivery throughout the region. The end goal is to achieve system efficiencies for the overall benefits of stakeholders in the North Eastman Region. |
| Spiritual Care - To promote Spiritual Health Care and continue to increase the volunteer base, support and resource current volunteers and staff through a variety of education and learning opportunities. | # of Spiritual Care Volunteers in 2010/2011<br># of Spiritual Care Volunteers in 2009/2010<br><br># of Spiritual Care volunteers recruited 2010/2011<br># of Spiritual Care volunteers recruited 2009/2010<br><br># of Community Religious Professionals involved in the Spiritual Care Program | • There are 24 religious professionals involved.<br>• Recruited 6 new spiritual health care volunteers.<br>• Recruitment strategy enhanced.<br>• Spiritual Care Awareness Week celebrated in October. | • Continue to recruit volunteers, providing support and education. |
| To promote the social model in our Personal Care Home which reflects strategies that enhance a holistic approach encompassing the social, psychological, spiritual and physical well being of our residents. | # of positive responses to questions related to overall Personal Care Home (PCH) satisfaction on the resident survey<br># of surveys completed by family | • The LTC team has emphasized education for both the leadership team in LTC as well as the staff.<br>• There is emphasis in our verbal and written information to families in identifying their role in resident safety and how family members can participate in increasing the quality of life for their loved one.<br>• Continue to enhance the social model of care. | • Continue to request a coordinator of Volunteer Services to enhance our social model of care and provide additional resources to residents and families. |
| Enhance Intake and Urgent Care Services: (Mental Health)<br>• Develop Regional Crisis Services for Children and Adolescents under age 15.<br>• Enhance centralized intake and urgent care services for clients aged 65 and over who require Mental Health for the Elderly Services.<br>• Provide regional Psychiatric Emergency Services at local Emergency Rooms. | # of intake assessments completed on Mental Health for the Elderly (65 and over)<br><br># of clients seen at the ER by Mental Health who are brought in under the Mental Health Act<br><br>Wait time between receipt of referral and completion of Comprehensive Assessment Report (elderly) | • Provided unscheduled risk assessments on children under 15.<br>• Funding received to develop a mobile crisis team for youth, administered by IRHA, available to both regions of IRHA and NEHA.<br>• Addressed wait list issues for Elderly Services by assigning catchment areas and establishing targets for service delivery.<br>• Updated Priority List for Child & Adolescent Services to address issues of behavioural concerns, i.e., threat assessment. Mental Health responsibility when addressing threatening, behavioural concerns in schools and community. | • Continue to participate in Police Waits - Provincial Committee in regards to psychiatric emergency services. |

**CORPORATE STRATEGY**
Explore opportunities to reduce wait times

| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| Maintain the appropriate resources to ensure that all patients in NEHA who require dialysis have the ability to access the service in Pine Falls. | # of patients accessing the Program<br># of patients able to access the program<br><br># of new patient admissions<br># of patients on the waiting list | • Current program capacity reached.<br>• Staffing requirements are being monitored and contact with the Manitoba Renal Program is occurring monthly. | • Continue to monitor wait lists monthly and staff requirements. |
| Ensure Primary Health Care services are accessible to residents of North Eastman by analyzing wait times for non urgent appointments with Nurse Practitioners, Physicians, Primary Health Care Nurses and Dietitians. | # of days client must wait to see NP in (Springfield, Beausejour, Lac du Bonnet, Whitemouth)<br><br># of days client must wait to see PHCN in (Springfield, Beausejour, Lac du Bonnet, Whitemouth, Pine Falls, Pinawa)<br><br># of days client must wait to see Dietitians in (Springfield, Beausejour, Lac du Bonnet , Whitemouth, Pine Falls, Pinawa)<br><br># of days client must wait to see physician in (Springfield, Beausejour, Lac du Bonnet , Whitemouth, Pine Falls, Pinawa) | NURSE PRACTITIONERS<br>• Urgent appointments are seen same day if the NP is working that day.<br>• Identified wait<br>• Average wait time for NP in Springfield = 1.5 days (1.0 FTE)<br>• Average wait time for NP in Beausejour = 1 day (0.5 FTE)<br>• Average wait time for NP in Lac du Bonnet = 14 days (0.6 FTE)<br>• Average wait time for NP in Whitemouth = 3-4 days (1.0 FTE)<br><br>PRIMARY HEALTH CARE NURSES<br>• Springfield PHCN average wait time 14 days<br>• Beausejour PHCN average wait time 3 days<br>• LDB PHCN average 4 days<br>• Whitemouth PHCN average wait time is 15 days.<br>• Pinawa PHCN average wait time 15 days<br>• Pine Falls PHCN average wait time is 5 days.<br><br>DIETITIANS<br>• Dietitian Springfield average wait time = 23 days<br>• Dietitian Beausejour average wait time = 2 days<br>• Dietitian Whitemouth average wait time = 20 days (FTE 0.3)<br>• Dietitian Lac du Bonnet average wait time = 6 days<br>• Dietitian Pinawa average wait time = 18 days<br>• Dietitian Pine Falls average wait time = 4 days (see note PHCN)<br><br>PHYSICIANS<br>• Springfield – closed practice – minimal shared patients – average (clinic) wait time for a non-urgent appt = 7-10 days<br>• Beausejour – closed practice – no shared patients – average (clinic) wait time for a non-urgent appt = 1-14 days<br>• Whitemouth – open practice - shared patients b/w NP and Dr average (clinic) wait time for a non-urgent appt = 0 days<br>• Pine Falls and Pinawa – open practice – shared patients b/w all providers - average (clinic) wait time for a non-urgent appt – all appointments are seen on the same day<br>• Lac du Bonnet – open and closed – 1-2 days | • Continue with services and ensure same day emergent appointments are available. |

**CORPORATE STRATEGY**
Enhance Long Term Care Strategy

| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| In partnership with the Long Term Care Team and external community groups, explore the development of additional Supportive Housing Programs to address the needs of Level 1 and 2 clients not admissible to PCH. | # of clients waiting for supportive housing (LTC)<br>Total # of clients waiting for PCH placement | • Implementation of the new supportive housing service delivery model in Stony Plains Terrace.<br>• The Services to Seniors in Group Living programs at Sunrise Lodge (Arnola), Riverbend Manor (Whitemouth), Stony Plains Terrace (Beausejour), and Bonny Vista Lodge (LdB) have all been transitioned to the Services to Seniors Boards.<br>• Ironwood Supportive Housing opened June 1, 2010.<br>• Actively engaged with the community, Manitoba Health, Manitoba Housing and the RM of Springfield to achieve 12 supportive housing units in Dugald/Oakbank area. | • Continue to work in partnership with interested community groups towards the development of more Supportive Housing Programs. |

**CORPORATE STRATEGY**
Enhance Long Term Care Strategy - *continued*

| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| Plan and design services to meet the current and future housing needs of seniors through increased Personal Care Home beds to meet current and projected needs. | # of clients paneled awaiting placement in NEHA<br># of LTC beds<br><br>(annual average is 48/196 or 24%)<br><br>Average length of time on PCH Wait List<br># of admissions | • February 2011, NEHA received approval from Manitoba Health for the funding for construction of the 80 bed PCH in Lac du Bonnet. | • Continue to prepare for the development of the new 80 bed PCH in Lac du Bonnet.<br>• Develop a research based leading practice approach to the construction and programming in the new PCH. |

**CORPORATE STRATEGY**
Strengthen Risk Management and a Culture of Patient Safety

| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| Ongoing development of Risk Management Program including a culture of safety. | Occurrence Reporting :<br># of occurrence reports (Levels 1-4)<br>By Program and Site<br><br>Complaint Management:<br># of Level 2 Complaints received<br><br>Infection Control:<br>Nosocomial Infection Rates – A/C and LTC<br><br>Emergency Preparedness:<br># of disaster exercises<br># of evacuation drills | • Ongoing development of the NEHA Integrated Risk Management Strategy including education and performance measurement.<br>• Risk Management/Patient Safety Education provided on an ongoing basis to Leadership and Board of Directors.<br>• Analysis and implementation of CCHSA Patient Safety Organizational Requirements to ensure compliance.<br>• Regional Infection Control Strategy incorporated into integrated Risk Management process, including Hand Hygiene Campaign.<br>• Culture of Patient Safety – review and analysis of responses to questions on Staff Worklife Survey and Accreditation Patient Safety Survey. | • Further development of Risk Management strategies including annual Risk Management Indicator Analysis Report, CCHSA Required Organizational Practices (Infection Control, Medication Use, Culture, Worklife/Workplace and Communication), education regarding Root Cause Analysis and Failure Mode and Effects Analysis.<br>• Ongoing development of strategies to enhance a culture of Client Safety across all Programs and Support Services.<br>• Enhance coaching and mentoring with respect to patient safety including: mock tracers, initiate activities such as Patient Safety week in November to promote widespread learning, accessing evidence and best practice regarding Patient Safety, providing feedback to staff on client safety issues and safety improvement suggestions, and consider implementation of leadership rounds. |
| Develop a clear and concise Medication Reconciliation process that will ensure best possible medication administration practices for all patients entering and being discharged from the Acute Care Program. | # of newly admitted patients in a two week period with Medication Reconciliation being accurate and complete<br>Total # of Patients admitted over the two week period<br><br>Completion of a tool to reconcile medication use for all patients accessing or being discharged from Acute Care | • Medication reconciliation process implemented regionally, including reconciliation upon admission and transfer. Ongoing education provided. | • Continue to evaluate the effectiveness of the medication reconciliation process and make appropriate changes to ensure positive patient outcomes. |
| Develop a plan to address all aspects of medication management. | Update the abbreviation policy to include "do not use" abbreviations as outlined by ISMP Canada.<br><br>Complete and implement a regional medication prescribing policy to ensure accuracy, legibility and appropriateness. | • Policy developed on process for medication prescribing to ensure accuracy, appropriateness and legibility. | • Develop a process for medication error reviews, post results and discuss with staff.<br>• Define and list high-risk/high-alert medications and update this list regularly to ensure safety when using them.<br>• Ensure the use of two client identifiers at all times when administering medications. |
| Develop a Falls Prevention Strategy for Home Care. | To be developed | • In the process of implementing a falls tracing form as part of the clinical record and will track each fall, assumed or known causes and the degree of injury. It will also capture the types of interventions used after each fall incident. | • The falls prevention strategy is in it's infancy. Currently working on implementing the strategy and will then work towards evaluating the strategy's effectiveness. |
| Modify the Regional Infection Prevention & Control Program to reflect Best Practice.<br>• Regional Infection Prevention & Control Committee to review "Best Practices for Infection Prevention & Control Programs in Ontario" document.<br>• Revised Infection Prevention and Control Program to be drafted. | Completed 100% | • Revised Infection Prevention and Control Program has been adopted and will be implemented in June 2010. | • Program elements will be audited on an annual basis. |

## CORPORATE STRATEGY
Strengthen Risk Management and a Culture of Patient Safety - continued

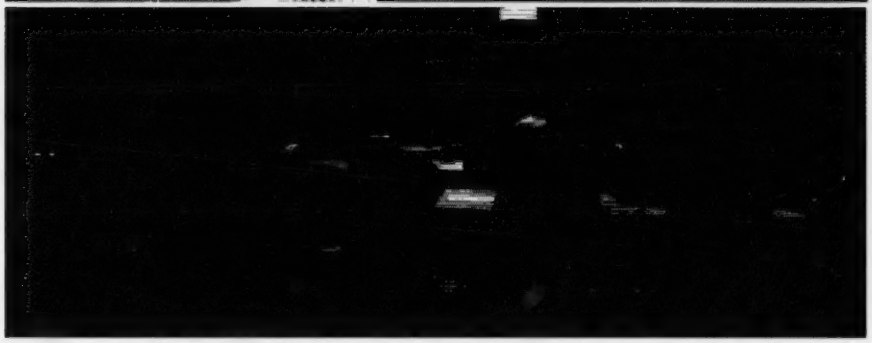
| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| To support prevention and health promotion of residents, their families and staff by increasing the education sessions to these groups related to: Health Care associated infections, influenza management and hand hygiene. | # of residents immunized for influenza (Feb. 1/08 to Jan. 31/09) Total # of residents (current and admissions)<br><br># of staff immunized for influenza (Feb. 1/08 to Jan. 31/09) Total # of Staff in LTC | • All LTC staff received education related to influenza management (outbreak and pandemic).<br>• Each Long Term Care facility was equipped with dispensers for alcohol based hand sanitizers mounted on the walls in the corridors and areas where food is consumed and/ or prepared.<br>• A staff and family education program related to hand hygiene was conducted. Information was shared, verbally, written and mailed to all families listed as primary contacts. | • To continue education on hand hygiene for staff, residents and their families.<br>• Continue to conduct quarterly hand hygiene audits and monitor compliance, providing education as indicated. |
| To support prevention and health promotion of residents, their families and staff by increasing the education sessions to these groups related to: Health Care associated infections, influenza management and hand hygiene. - continued | # of residents immunized for influenza (Feb. 1/08 to Jan. 31/09) Total # of residents (current and admissions)<br><br># of staff immunized for influenza (Feb. 1/08 to Jan. 31/09) Total # of Staff in LTC - continued | • Hand hygiene audits are completed quarterly to ensure compliance with practice. | |
| Monitor the effectiveness of the Least Restraint Policy in our PCH's as it relates to our goal to reduce resident use of physical restraints. | Total # of residents with physical restraints Total # of residents (196) (67.5/196 = 34% of the residents with physical restraints including the tilt recliner chair)<br><br>Total # of residents using tilt recliner W/C with no other means of physical restraint Total # of physical restraints | • During the Manitoba Health Standards review, residents with a physical restraint had their health record audited for care compliance with the NEHA restraint policy and the Manitoba Health policy. Each site was compliant with this set of standards. | • Continue to strive to decrease the use of physical restraints with a target to reduce restraints to 20% of our residents.<br>• Provide education to families related to restraints and safety. |
| Continue to develop Community Trauma Postvention (CTP) Services. | # of CTP and Critical Incident Stress Debriefing (CISD) Interventions<br><br># of CPT and CISD training events<br><br># of individuals trained in CTP and CISD | • Revised Community Trauma Postvention protocol in consultation with Crisis Stabilization Unit and Mental Health Staff.<br>• Educated and increased awareness to NEHA staff about Community Therapy Postvention services. | • Continue to provide ongoing training to develop and maintain debriefing skills for current and potential CTP team members. |

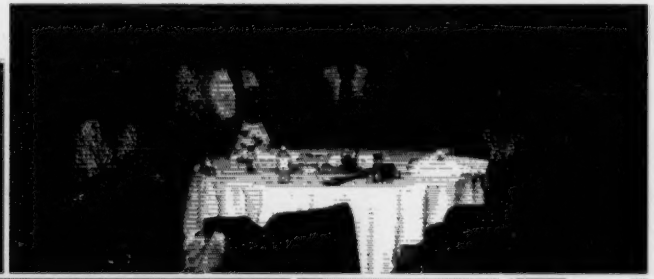
## CORPORATE STRATEGY
Implement Information Systems to enhance efficiency of health care systems

| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| Implement Provincial Laboratory Information System (LIS) and Radiology Information System including Picture Archiving (RIS/ PACS). | Percentage of project implementation completed | • Provincial RIS/PACS implemented fully in the Beausejour, Pinawa and Pine Falls sites<br>• DSM plan for the Provincial LIS implementation identifies the NEHA sites as Phase 1.<br>• New initiative resubmitted for addition of Lac du Bonnet site to the RIS/PACS implementation in NEHA. | • Obtain confirmation of readiness for implementation of RIS/ PACS for Lac du Bonnet pending expected approval.<br>• Implement Electronic Billing for Radiologist payment upon approval of Billing Clerk.<br>• Continue updating regions information in preparation of roll out of the Provincial LIS to the remaining NEHA sites.<br>• Monitor and assess impacts of the implementation of the information systems and report to the regional ISS Steering Committee. |
| Implement Provincial Home Care Information System. | Percentage of project implementation completed | • In Oct. and Nov. 2010 all levels of staff within the home care program that were expected to be impacted by the changes with Procura, participated in a series of meetings and staff meetings to understand the changes to the business and to be best prepared for implementation. | • Implementation as per the Provincial recommendations. Target implementation dates are unknown at this time; however conservative estimates suggest that RHA implementations may begin in September, 2011 and that NEHA may be ready for implementation in January 2012. |
| Acquire and implement Electronic Medical Record (EMR) for our six Primary Health Care Centres and Physician Clinics. | Percentage of project implementation completed | • Provided Demo's for 3 of the selected EMRs to the clinical staff. | • Puchase software<br>• Install hardware<br>• Install software<br>• Implement and train staff |

**CORPORATE STRATEGY**
Enhance Efficiency and Effectiveness of Internal Processes

| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| Further development of the Integrated Quality Management Program including Accreditation. | | • Quality Management Program Policy (15-1) and Performance Measurement Policy (15-2) – ongoing development of quality programs.<br>• Development of quarterly Utilization Indicator and Reports, and annual Utilization Indicator Analysis and Risk Management Indicator Analysis Reports. | • Support Program and Support Service Teams in the development of Team Action Plans and Performance Measurement, including CCHSA recommendations.<br>• Provide ongoing education related to Strategic Planning, Quality Improvement, Performance Measurement and Teamwork. |
| The FLS Coordinator will review the Francophone community's needs assessment and develop and implement actions to meet these needs in consultation with the FLS Advisory Committee.<br>• Utilize Telehealth for FLS Health Promotion<br>• Utilize Telehealth to link with French service providers. | #of identified needs completed<br># of identified needs<br><br>#of FLS Health Promotion Telehealth sessions<br><br># of FLS Telehealth requests filled<br># of FLS Telehealth requests | • FLS Coordinator has reviewed needs assessment and is developing actions based on needs. | • New program needing to be developed<br>• Managing resources. |
| Assess the current management of acute coronary syndrome within NEHA to ensure the best patient outcomes for those who present with acute coronary syndrome and develop an evidence-based tool to manage the patient from presentation to discharge. | Implementation of AMI Steps of care for each patient in all Acute Care sites | • Nursing chest pain protocol is used for each patient presenting with cardiac symptoms. | • Implement the ACS protocols at all sties.<br>• Evaluate on a case by case basis the effectiveness of the protocols and make changes to enhance effectiveness.<br>• Communicate NEHA data for quality improvement.<br>• Investigate nurses completing 12 lead EKG. |





**3** Alignment with MHHL Broad Topic - Healthy Living
MHHL Goal - Optimimze the Health Status of Manitobans

**Board End: Healthy Lifestyles**
North Eastman Health Association, as an integrated health system, provides leadership in the development of healthy and community stakeholders.

**Strategic Priority: Community Health**
Healthy Lifestyles are promoted by the examples set by our staff and the many wellness programs we offer. Primary regions. We have many partnerships that are built on excellent communication and mutual trust. It is said we play a

communities through health promotion and education and through partnership with other human services providers

Health Care is fully integrated at the North Eastman Health Association (NEHA) and considered a benchmark for other leading role in building optimum community health.

**CORPORATE STRATEGY**
Enhance Chronic Disease Prevention Strategies

| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| Promotion of safe, quality care to patients and families accessing the Community Cancer Care Program. | Development of a follow up Care Package for patients following the completion of chemotherapy | • A Patient Information Package has been developed in follow-up care and given to all patients at the beginning of their cancer treatment.<br>• Ongoing development of a patient and family resource library.<br>• Implementation of telephone follow-up at regular intervals following patient treament is ongoing.<br>• Social worker arranges Telehealth informational sessions and other educational sessions as support. | • Explore the feasibility of a patient navigation for those undergoing cancer treatment.<br>• Impementation of medication reconciliation. |
| Continue to focus on health promotion activities:<br>• Physical activity<br>• Nutrition<br>• Smoking Cessation<br>• Other chronic disease<br>to reduce the lifestyle risk of chronic disease<br><br>Implement the 'Get Better Together' (GBT) program in two districts/year to enhance the skills and knowledge of individuals with a chronic illness. | # of physical activity initiated/district<br># physical activity participants<br><br># nutrition initiatives/district<br># nutrition participants<br><br># smoking initiatives/district<br># smoking participants<br><br># other chronic disease initiatives | • From the April 2010 to March 2011 the following has been accomplished:<br>- Community Lunch N Learn programs (29 events – 267 participants<br>- 117 health promotion events relating to chronic disease prevention – 3266 participants | • Continue with Health Promotion activity in the Region.<br>• Integrate health promotion planning with Mental Health team. |
| To facilitate community capacity building through chronic disease prevention initiatives to reduce the risk of chronic disease.<br><br>To support chronic disease prevention by implementing the Healthy Smile Happy Child Program throughout the North Eastman region. | # CDPI events led by partners<br># participants<br><br># partnerships (direct and indirect) established by CDPI<br><br># of HSHC Train the Trainer Workshops delivered<br># Train the Trainer Workshop Participants | Chronic Disease Prevention Initiative (CDPI)<br>• There were 82 events led by our partners that had over 3978 participants.<br>• With our work in chronic disease prevention (CDPI) we have established 92 direct and indirect partnerships. | • Continue to develop and implement.<br>• Work with schools to establish a process of communication and plan to address the Youth Health Survey results. |
| Partner with internal and external stakeholders related initiatives with Primary Health Care, Education, Community Resource Centres and Acute and Long Term Care Programs. | # of initiatives | • The Public Health team works with internal (Wellness Facilitators) on projects that promote healthy lifestyles and acute and long term care in relation to infection control practices and the annual influenza staff immunization campaigns. External Partners include school divisions specifically in the area of preschool wellness programs. | • Continue to work with internal and external partners on new and existing wellness initiatives. |
| Sustain and enhance communication strategies with our communities and organizations. | # of External Newsletters published<br><br>Attendance at Annual General meetings | • External newsletter published quarterly and distributed to every household with a postal code in the region. Process for development of articles has been enhanced. | • Further development of communication strategies.<br>• Renewal of Strategic Plan April 1, 2011. |

**CORPORATE STRATEGY**
Enhance Accident and Injury Prevention Strategies

| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| Establish a formal Bike Medic Program region wide. | # of events the Bike Medic Program has been used at | • NEHA has been utilizing a bike medic program for special events in Lac du Bonnet at the July 1st event and at Bird's Hill Park during the Folk Festival. | • As part of EMS public awareness, NEHA is working toward the introduction of a region-wide bike medic program that will be used for broader public events, specifically the Rodeo in Beausejour and the 4 "P" Festival in Powerview/Pine Falls. |

**CORPORATE STRATEGY**
Enhance Accident and Injury Prevention Strategies - *continued*

| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| Develop an Injury Prevention Strategy in partnership with external agencies. | # of injury prevention sessions conducted by EMS in each community. | • NEHA has been participating in several injury prevention programs which include: car seat inspections, PARTY programs, fall and bathtub safety, infant/child choking, CPR & First Aid. | • While injury prevention activities have been conducted in partnership with internal and external agencies at many sites throughout the region the goal is to provide a minimum of one injury prevention activity in collaboration with internal and external partners in each community throughout the Region.<br>• Develop and implement a regional injury prevention strategy. |
| To promote resident health, functionality, well being and safety in LTC facilities, by encouraging residents to maintain or increase their active participation in the walking and rehabilitation program. | # of residents independently walking or on a walking program as identified on the care plan<br>Total # of residents | • Continue to promote the enhancement of the walking program as part of the resident care plan. Continue to encourage family members to participate in walking with their resident when possible.<br>• Focus has been on using exercise bikes in the sites as means of exercise and maintaining muscle tone. | • Continue to promote the enhancement of the exercise programs with existing staff and volunteers. |
| To promote, monitor and evaluate the LTC Falls Management Program. Successful implementation of the strategies will improve resident functionality and quality of life.<br>Develop the vision screening program as an additional strategy in managing falls most effectively. | # of resident falls resulting in fractures<br>Total # of resident falls<br><br># of identified residents participating in recreation exercise programs 3X per week<br>Total # identified residents<br><br># of new admissions who receive vision screening<br># of new admissions | • Ensuring active and passive range of motion exercises are integrated in the daily care and programming.<br>• Encouraging residents to maintain their independence and encouraging staff to give residents the time they need to complete tasks independently.<br>• A regional vision screening policy and program was established within each PCH.<br>• Key staff in each PCH has been educated in vision screening. All new admissions receive vision screening. | • Continue to monitor the falls management program.<br>• Continue to develop the vision screening program. |

**CORPORATE STRATEGY**
Strengthen Primary Health Care Service Delivery

| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| Implement the chronic disease risk factor assessment tool for early identification of people at risk for chronic disease. | # of individuals screened/district<br># of risk factor clinics/district | • Screening clinics have been completed in several communities.<br>• To date 184 risk factor screens have been completed and 135 individuals were identified as being at risk for 1 or more chronic diseases and were thus given education and/or referred on for further follow up. | • Continue to have Screening clinics. |
| Develop a French Language Service plan for the North Eastman region. | French Language Service plan developed | • The French Language Services Plan was developed and is being implemented. | • Continue to implement to address needs. |

# 4

Alignment with MHHL Broad Topic - Improve Resource Utilization and System Competency
MHHL Goal - Improve Quality, Accessibility and Accountability, and Achieve a Sustainable System

**Board End: Healthy and Productive Staff**
North Eastman Health Association, as a health system, is a healthy and productive environment for people to work in. Trust, confidence, safe and supportive work places, a commitment to excellence and effective service delivery characterize this environment.

**Strategic Priority: Workplace**
Coming to work at NEHA is a privilege. We may work in different facilities however there is a spirit of neighborhood that links us together. Our common picture of what we want to be binds us as one. We respect each other's opinions. Every one knows they are essential to our success. Communication occurs all day, everyday, at all levels. Our leaders are visible and know what our front line staff experience and need. The professional and personal growth of our people is a number one consideration. We approach issues in a positive manner seeking innovative solutions even to common problems. Ours is a healthy and productive environment that is equipped with the tools we need to do our jobs. Our colleagues in other Regions envy our optimum workplace.

**CORPORATE STRATEGY**
Develop a Regional Staff Health Program

| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| Continued emphasis and communication on the Disability Management Program as a means of reducing Workers Compensation Board (WCB) experience and working towards the implementation of Staff Health function. | 5% reduction in WCB Time Loss Incidents<br>5% reduction in time loss costs | • Assessed incidents, injuries and near misses and implement site specific education.<br>• Developed and implemented a best practice model of accident investigation.<br>• Explored strategies to further reduce Workplace accidents, injuries and WCB premiums. | • Evaluate and implement site specific education and training based on documented incidents, injuries and near misses.<br>• Develop and implement a best practise model of accident investigation.<br>• Continue to improve management of D&R and WCB claims through education and commendation. |
| Continue to develop, implement and communicate the role and scope of the Occupational Health Program with focus on Staff / Occupational Health. | Percent of Implementation | • Staff Health Policy developed and implemented October 2010. | • Continue to audit and evaluate documented workplace incidents and injuries to direct and support specific training needs. |

**CORPORATE STRATEGY**
Strengthen our ability to be a Learning Organization

| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| Acute Care - Education is an important program component to ensure the best quality of care is given. To support and enable the front line staff with continuing education opportunities to strengthen skills, enhance their competencies and job satisfaction and aid recruitment and retention. | # of staff required to participate in mandatory training<br>Total # of staff eligible to attend mandatory training | • Mandatory training for RNs LPNs and HCAs have been implemented and successfully completed. These sessions include Infusion Pump Training, Pandemic Education, Hand Hygiene, Triage Education and dementia education. | • Continue to seek out goals for staff based on performance evaluation feedback and goals set by the employee and manager.<br>• Continue to offer ethics related education to all acute care staff annually. |
| Diagnostics - Identify appropriate education needs for diagnostics staff and support/assist in attaining required skills and knowledge. | # of staff accessing educational opportunities<br># of diagnostic staff | • Maintained and used educational funding for staff from all sites within the region. | • Promote participation in educational events for radiology services. |
| Develop a formal mentoring program for EMS staff that is utilized consistently across NEHA. | # of EMS staff participating in a mentoring program<br>Total # of EMS Staff | • A formal mentoring program is being developed in concert with Red River College and the Primary Care Paramedic Program. | • Develop a formal mentoring program and introduce it region-wide. |
| To implement the P.I.E.C.E.S. (Physical, Intellectual, Emotional, Capabilities, Environment, Social) Strategy of education for Alzheimer Disease and related dementia in Manitoba in order to provide the best care and support possible to residents and families affected by dementia. | # of PCH nursing staff attending the (P.I.E.C.E.S) education<br># nursing staff | • Provided education to 15 staff – 40 hours PIECES training.<br>• Welcome Booklet includes the PIECES philosophy and principles.<br>• Three evening sessions were provided for families of residents. | • Provide education at all sites for for all LTC staff.<br>• Continue the family education related to PIECES. |
| Provide Long Term Care (LTC) team with increased educational opportunities to enhance knowledge and skills as it relates to geriatric care and ethical situations. | # Care Team staff attending education related to ethics<br># Care Team staff | • Mandatory training (a one day workshop) for the 315 plus staff.<br>• Half day transfer mobility with all care staff.<br>• Family and staff education to enhance care is a priority. | • Provided education on many topics such as effective communication and respectful workplace which will assist in recruitment and retention of staff.<br>• Continue to develop educational opportunities. |

**CORPORATE STRATEGY**
Strengthen our ability to be a Learning Organization - *continued*

| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| Provide education and training to our spiritual care volunteers and staff to ensure a quality program. | # of spiritual care volunteers (including Religious Professionals) attending training session<br># of training sessions offered to spiritual care volunteers | • A regional education session on ethics was offered with several LTC staff attending.<br>• Ethics education has been integrated into the LTC mandatory training session.<br>• The spiritual care brochure is provided to all LTC residents and their families prior to admission as part of the Welcome package.<br>• The Spiritual Care Coordinator and the Director of LTC are members of the Provincial Spiritual Health Care Network which meets quarterly. This committee is working towards standardizing the education to spiritual health care volunteers as well as standards of practice. | • Develop a recruitment strategy to increase Spiritual Health Care volunteers, focusing on those community areas with the lowest number of registered volunteers.<br>• Seek out information from local high schools regarding outreach to high school students to become volunteers as a school credit.<br>• Offer education sessions to our spiritual care volunteers. |
| Continue to offer Aboriginal Cultural Awareness sessions and career information to aboriginal students attending schools in our region. | # of employees attending Cultural sessions<br># of employees working with aboriginal clients | • Session content reviewed, revised and incorporated into participant manual. | • Continue semi annual Aboriginal Cultural Awareness sessions for the balance of staff and new staff, NEHA Board/CHAC. |
| Provide education, training, and development by:<br>• Assisting to identify leadership training needs and develop education opportunities.<br>• Coordinating education across the organization through the Regional Education Committee/Recruitment and Retention Education Committee.<br>• Addressing regional education needs as identified by Programs and Support Service teams. | Overall Staff Worklife Survey Results<br># regional staff development opportunities | • Provided education to teams on the following: Strategic Planning, Teamwork, Quality Service, Quality Improvement Tools, Performance Measurement and Accreditation process and results.<br>• Regional Education/Nursing Recruitment and Retention - collaborated on educational opportunities, i.e., ethics, coping skills, leadership, etc.<br>• Participation on the Manitoba Center for Health Policy – Need to Know Team to enhance research capacity and knowledge translation. | • Provide ongoing support for team building, performance measurement, development of strategic planning process and Team Action Plans. |
| Develop Regional Resource Library | # of library resource inventoried in the library<br>Library Utilization rates | • Regional Resource Library developed, including the addition of a dedicated IS Server. | • Continue to develop the capacity and inventory of the Regional Resource Library. |

**CORPORATE STRATEGY**
Strengthen Staff Recruitment and Retention Strategies

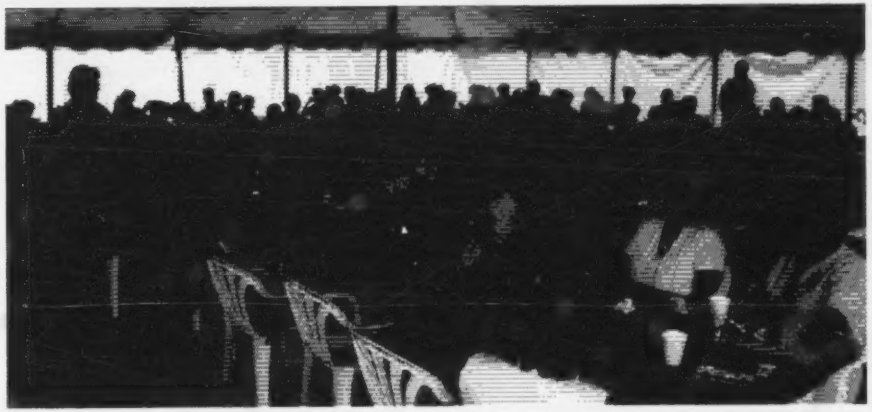
| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| Based on evidence based research, develop a Mentorship Program for nursing professionals including LPNs and RNs to aide in recruitment and retention of staff. | # of nursing staff hired<br># of nursing staff terminated | • The mentorship program has been developed and implemented.<br>• Education sessions developed and delivered to mentees and mentors. | • Continue to evaluate the effectiveness of the mentorship program. |
| To support recruitment strategies and to increase awareness of trends and best practices as they evolve in the Home Care Field, promote a career in Home Care Program. | # of HCA registered in HCA Challenge Course<br># of HCA graduate | • Home Care team has completed two partnerships with Robertson College in which a HCA Challenge course was offered to staff.<br>• Partnerships continue with Red River College Gimli Campus and Robertson College for other HCA courses. | • In partnership with the HR team, liaise with Sunrise School Division to explore the feasibility of offering the Health Care Aide Course as part of the high school curriculum. |
| Develop and implement a new employee mentorship program supporting recruitment, integration and retention of new employees. | # of Mentors trained<br># of Mentees trained<br># of Mentees retained beyond commitment | • Current mentorship practises were reviewed and revised.<br>• Provided Generational Diversity training<br>• Developed and implemented nursing clinical self-assessment checklists. | • Expand Mentorship Program beyond nursing to other disciplines. |

**CORPORATE STRATEGY**
Strengthen Staff Recruitment and Retention Strategies - *continued*

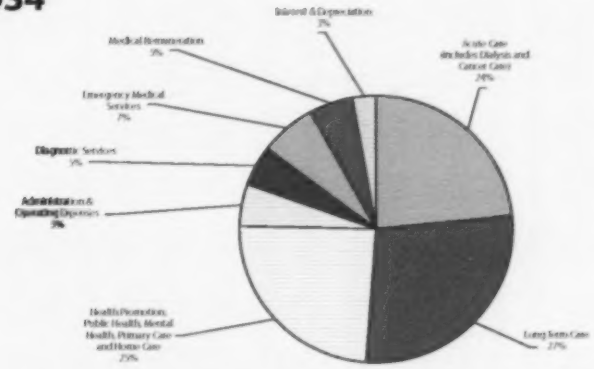
| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| Enhance staff recruitment strategies. | # nurses retained beyond Return of Service Agreement | • Return of Service Agreements 2010: 1 Bachelor of Nursing, 2 Registered Nurses.<br>• Received agreement from University of Manitoba to provide recruitment packages to all nursing graduates.<br>• "Thinking of a Career in Nursing" - Poster and information packages forwarded to all sites, schools, adult education centres and School Division Offices in the Region.<br>• Developed and implemented formalized mentorship program for 1st year nurses, providing training to mentors and mentees.<br>• Developed interim housing database to accommodate nurses and students relocating to our Region. | • Continue expanding the Human Resource Information System functionality specifically related to recruitment. |

**CORPORATE STRATEGY**
Continue to provide a Healthy and Productive Work Environment

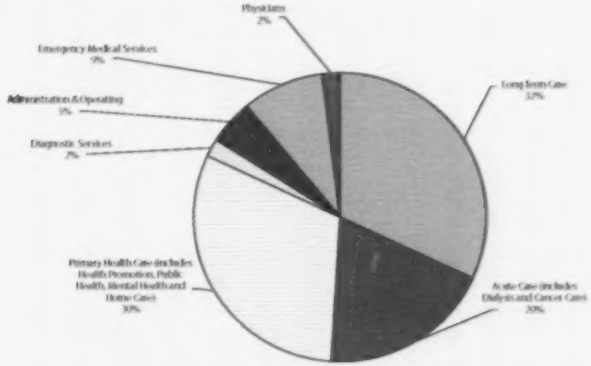
| GOAL & EXPECTED RESULTS - ACTION | MEASURE | ACTUAL RESULTS | CHALLENGES/FUTURE DIRECTION |
|---|---|---|---|
| Continue the development of Human Resources (HR) system functionality based upon identified organizational needs, including event notification, end user data input, end user access, and reporting. | Percentage Complete 70% | • Continue the use of automated checklists with payroll to improve overall accuracy and consistency of work and workflow. | • Continue the planned service expansion, including staff education. |
| Continue implementation of the Regional Workplace Safety and Health (WS&H) Program and Policies consistent with legislative and organizational requirements. | # of Work Orders Complete<br># of Work Orders<br>#WS&H meetings per Q<br># WS&H Committees | • 28 of 28 work orders complete. | • Continue to monitor. |
| Complete bi-annual Staff Worklife Survey. | Completion of Survey, analysis, communication of results and follow-up action | • The results were very encouraging. Scoring in each section of the Survey increased in the number of staff indicating they strongly agreed or agreed with the positive statements which were posed as questions regarding communications, working environment, organizational leadership, staff development and recognition, and the culture of safety. | • Communications of results to Management, staff at all sites and the Board of Directors. |



# Funding Allocation 2010/11
# $62,398,934




# Human Resources Profile 2010/11








## Management's Responsibility

To the Board of Directors of North Eastman Health Association Inc.:

Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian generally accepted accounting principles. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

In discharging its responsibilities for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Board of Directors and Finance Committee are composed primarily of Directors who are neither management nor employees of the Organization. The Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Board fulfils these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Committee is also responsible for recommending the appointment of the Organization's external auditors.

MNP LLP, an independent firm of Chartered Accountants, is appointed by the members to audit the financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Committee and management to discuss their audit findings.

June 27, 2011

Chief Executive Officer

D. Dumas
Vice President Finance & Support Services

## Independent Auditors' Report

To the Board of Directors of North Eastman Health Association Inc.:

We have audited the accompanying financial statements of North Eastman Health Association Inc., which comprise the statement of financial position as at March 31, 2011, and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

*Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

*Auditors' Responsibility*

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

*Opinion*

In our opinion, the financial statements present fairly, in all material respects, the financial position of North Eastman Health Association Inc. as at March 31, 2011 and the result of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

*Other Matter*

The financial statements of North Eastman Health Association Inc. for the year ended March 31, 2010 were audited by another auditor who expressed an unmodified opinion on those statements on May 28, 2010.

Winnipeg, Manitoba
June 27, 2011

MNP LLP
Chartered Accountants

2300 - 201 Portage Ave., Winnipeg, Manitoba, R3B 3K6, Phone: (204) 775-4531, 1 (877) 500-0795





## North Eastman Health Association Inc.
### Statement of Financial Position
*As at March 31, 2011*

| | 2011 | 2010 |
|---|---|---|
| **Assets** | | |
| **Current** | | |
| Cash | 4,448,385 | 4,214,064 |
| Accounts receivable *(Note 2)* | 710,310 | 672,800 |
| Due from Manitoba Health *(Note 4)* | 927,412 | 583,138 |
| Inventory *(Note 5)* | 668,422 | 710,560 |
| Prepaid expenses | 134,429 | 126,506 |
| Employee benefits recoverable *(Note 6)* | 1,796,034 | 1,796,034 |
| | 8,679,052 | 8,110,955 |
| Retirement obligations recoverable *(Note 8)* | 1,739,643 | 1,739,643 |
| Capital assets *(Note 7)* | 31,113,061 | 30,131,982 |
| | 41,531,856 | 39,972,580 |
| **Liabilities** | | |
| **Current** | | |
| Accounts payable and accruals | 2,382,041 | 1,868,446 |
| Employee benefits payable *(Note 6)* | 3,179,633 | 3,025,861 |
| Current portion of long-term debt *(Note 9)* | 93,015 | 96,208 |
| | 5,654,689 | 4,990,515 |
| Accrued retirement obligations *(Note 8), (Note 15)* | 3,384,985 | 3,077,381 |
| Long-term debt *(Note 9)* | 902,723 | 1,008,071 |
| Deferred contributions *(Note 8)* | 1,749,710 | 1,865,370 |
| Deferred contributions related to capital assets *(Note 10)* | 28,709,537 | 27,924,781 |
| | 34,917,955 | 33,872,503 |
| | 40,482,644 | 38,862,618 |
| Contingencies *(Note 13)* | | |
| **Net Assets** | | |
| Invested in capital assets *(Note 11)* | 1,107,744 | 1,130,240 |
| Externally restricted | 237,748 | 237,748 |
| Unrestricted | (306,380) | (296,253) |
| | 1,039,112 | 1,109,741 |
| | 41,521,456 | 39,972,580 |

Approved on behalf of the Board of Directors

Director

Director

*The accompanying notes are an integral part of these financial statements*

## North Eastman Health Association Inc.
### Statement of Operations
*For the year ended March 31, 2011*

| | 2011 | 2010 |
|---|---|---|
| **Revenue** | | |
| Manitoba Health Income (Note 12) | 85,648,922 | 51,591,279 |
| Non-insured income | 3,287,781 | 3,143,077 |
| Offset and other income | 3,549,700 | 3,114,800 |
| Amortization of deferred contributions | 1,891,980 | 1,817,368 |
| Ancillary income | 250,482 | 243,409 |
| | 93,338,308 | 89,711,633 |
| **Expenses** | | |
| Acute care services | 14,040,902 | 13,922,858 |
| Amortization of capital assets | 1,797,347 | 1,840,783 |
| Ancillary operations amortization | 60,991 | 59,016 |
| Ancillary operating expenditures | 182,186 | 185,892 |
| Community based home care services | 8,929,067 | 8,189,077 |
| Diagnostic services | 3,138,373 | 2,900,325 |
| Dialysis | 474,876 | 476,055 |
| Emergency medical services | 4,061,420 | 3,806,783 |
| Health promotion/prevention and primary care | 9,728,199 | 8,202,236 |
| Interest on long-term debt | 38,039 | 40,195 |
| Long-term care services | 18,985,907 | 16,332,716 |
| Medical remuneration | 3,112,071 | 3,103,880 |
| Northern patient transportation program | 299,393 | 194,820 |
| Regional unattributed expenditures | 3,190,344 | 5,066,666 |
| | 83,396,934 | 80,762,806 |
| **Deficiency of revenues over expenses** | (70,829) | (50,785) |

*The accompanying notes are an integral part of these financial statements*





# Administrative and Corporate Costs

**Administrative & Corporate Costs**
**As at March 31, 2011**
**$3,658,000**

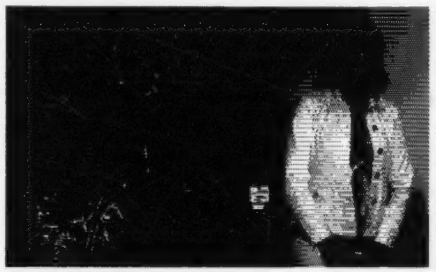
| | 2010/11 | 2009/10 (re-stated) |
|---|---|---|
| Corporate Operations (% of total): | 3.8 | 3.8 |
| Patient Care and Recruitment / Human Resource related functions (% of total): | 2.4 | 2.5 |
| Administrative cost (% of total): | 6.2 | 6.3 |

The Canadian Institute of Health Information (CIHI) defines a standard set of guidelines for the classification and coding of financial and statistical information for use by all Canadian health service organizations. The Authority adheres to these coding guidelines.

Administrative costs include corporate operations (including hospitals, non-proprietary personal care homes and community health agencies), as well as patient care-related functions such as infection control and patient relations and recruitment of health professionals. A further breakdown of administrative costs, as required by Manitoba Health is included to provide a more detailed summary of administrative costs.

The figures presented are based on data available at time of publication. Restatements may be made in the subsequent year to reflect final data and changes in the CIHI definition, if any. The administrative cost percentage of total spending indicator (administrative costs as a percentage of total operating costs) adheres to CIHI definitions.

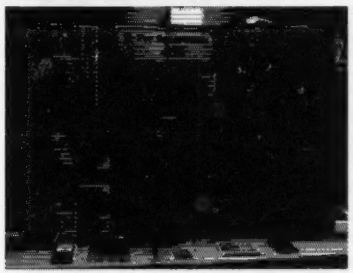
**Definitions:**
- Patient care-related functions: infection control, patient relations, quality assurance, accreditation, cancer standards and guidelines, and bed utilization management.
- Recruitment and human resource related functions: recruitment and retention, labour relations, personnel records, employee benefits, health & assistance programs, and occupational health & safety.
- Corporate operations: general administration (executive offices, board of directors, medical directors, administrators of acute, long term and community care, public relations, planning & development, community health assessment, risk management, internal audit), finance (general accounting, payroll, accounts receivable, accounts payable and budget control) and communications (telecommunications, visitor information and mail service).



NOTE: A complete set of the North Eastman Health Association's Audited Financial Statements and the Public Sector Compensation Disclosure statement can be obtained by contacting:

North Eastman Health Association
24 Aberdeen Avenue / P.O. Box 339
Pinawa, MB R0E 1L0
Tel: 753-2012 Toll Free: 877-753-2012
Fax: 753-2015
Email: neha@neha.mb.ca

You can also view the full version of the Audited Financial Statements on our Website at www.neha.mb.ca.



# Ways We Can Prevent or Delay Chronic Disease

### *Individuals*

- *eating more fruits and vegetables*
- *eating foods containing less fat*
- *quitting smoking*

### *Families*

- *watching less television*
- *going for walks or bike rides*
- *preparing and eating meals together*

### *Communities*

- *developing walking or biking trails*
- *promoting active and safe routes to schools*
- *developing community gardens*
- *sponsoring health fairs*
- *promoting community use of schools or shopping malls outside of operating hours*

### *Governments*

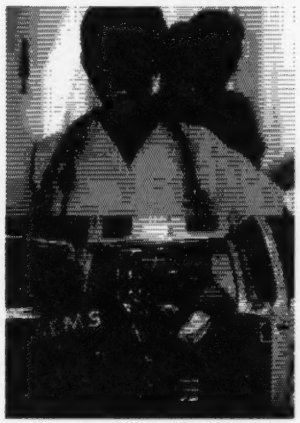
- *developing health promotion and disease prevention programs*
- *develop public policy, legislation, standards and guidelines to support chronic disease prevention*

Source: MHHL website Chronic Disease Prevention. www.gov.mb.ca/healthyliving/chronic.html



North Eastman Health Association
providing a

# Healthy and Safe Work Environment



- **Respect for Self**
- **Respect for Others**
- **Responsibility for Your Actions**

The North Eastman Health Association will not tolerate physical or verbal abuse of Clients, Staff, Physicians, Volunteers or Visitors.

Help us make this a safe and respectful place for everyone.

If you have a question or concern please contact your caregiver or one of our managers.

Designed and Printed by the Lac du Bonnet Leader